


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90042 023 ****61.25

DOCUMENT # N38598
 1. Entity Name
 EMERALD COAST CHURCH OF CHRIST, INC.



Principal Place of Business
 300 SOUTH AVENUE
 FT. WALTON BEACH, FL 32547

Mailing Address
 % CECIL R. BELK
 300 SOUTH AVENUE
 FT. WALTON BEACH, FL 32547



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01112005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 59-3040400

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RANDALL BRYANT, DANE
 420 NE WOODROW
 FORT WALTON BEACH, FL 32547

7. Name and Address of New Registered Agent
 Name Walter J. Mullins
 Street Address (P.O. Box Number is Not Acceptable)
324 Schneider Drive
 City Fort Walton Beach FL 32547 Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE Walter J. Mullins DATE 3/16/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	MULLINS, WALTER J	
STREET ADDRESS	324 SCHNEIDER DR.	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	RANDALL, BRYANT	
STREET ADDRESS	420 NE WOODROW	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, JOYCE	
STREET ADDRESS	121 SECOND AVE. SW	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BELK, EDNA	
STREET ADDRESS	878 MASTERS BLVD	
CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BLAKERBY, DELIA	
STREET ADDRESS	510 TRENTON	
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mullins, Walter J.	
STREET ADDRESS	324 Schneider Dr.	
CITY-ST-ZIP	Fort Walton Beach, FL 32547	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee, Billy	
STREET ADDRESS	121 Second Ave. SW	
CITY-ST-ZIP	Fort Walton Beach, FL 32548	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kleckner, Bernice	
STREET ADDRESS	308 Smith Drive NE	
CITY-ST-ZIP	Fort Walton Beach, FL 32548	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter J. Mullins DATE 3/16/05 DAYTIME PHONE # 850-862-2127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #