


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91484 005 \*\*\*\*61.25

**DOCUMENT # N38598**

1. Entity Name  
**EMERALD COAST CHURCH OF CHRIST, INC.**



Principal Place of Business      Mailing Address

**% CECIL R. BELK**      **% CECIL R. BELK**  
**300 SOUTH AVENUE**      **300 SOUTH AVENUE**  
**FT. WALTON BEACH FL 32547**      **FT. WALTON BEACH FL 32547**


2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

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CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3040400**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BELK, CECIL R**  
**878 MASTERS BLVD**  
**SHALIMAR FL 32579**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RICH, LANDIS</b>	
STREET ADDRESS	<b>317D GREENACRES RD</b>	
CITY-ST-ZIP	<b>FORT WALTON BEACH FL 32547</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>RANDALL, BRYANT</b>	
STREET ADDRESS	<b>510 TRENTON</b>	
CITY-ST-ZIP	<b>FT WALTON BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEE, JOYCE</b>	
STREET ADDRESS	<b>121 SECOND AVE, SW</b>	
CITY-ST-ZIP	<b>FORT WALTON BEACH FL 32548</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>BELK, EDNA</b>	
STREET ADDRESS	<b>878 MASTERS BLVD</b>	
CITY-ST-ZIP	<b>SHALIMAR FL 32579</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BELK, CECIL</b>	
STREET ADDRESS	<b>878 MASTERS BLVD</b>	
CITY-ST-ZIP	<b>SHALIMAR FL 32579</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>BLAKERBY, DELIA</b>	
STREET ADDRESS	<b>510 TRENTON</b>	
CITY-ST-ZIP	<b>FT WALTON BEACH FL 32547</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jack Mullins</b>	
STREET ADDRESS	<b>324 Schneider Drive</b>	
CITY-ST-ZIP	<b>Fort Walton Beach, FL 32547</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Cecil R. Belk*      **CECIL R. BELK**      **4/23/03**      **(850) 651-2403**

CR2E037 (10/02)