

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000004843

**Entity Name:** EMMANUEL COASTAL ACADEMY INC.

**Current Principal Place of Business:**

1901 LEONID RD  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

1901 LEONID RD  
JACKSONVILLE, FL 32218 US

**FEI Number:** 46-5726076

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHERMAN, JERRY  
5407 TURKEY CREEK RD  
JACKSONVILLE, FL 32244 US

*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.*

**SIGNATURE:** JERRY SHERMAN

02/19/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SHERMAN, HELEN F  
Address 1901 LEONID RD  
City-State-Zip: JACKSONVILLE FL 32218

Title D  
Name SAXON, MELANIE LYNN  
Address 1901 LEONID RD  
City-State-Zip: JACKSONVILLE FL 32218

Title TREASURER  
Name GRIER, TIFFANY  
Address 1901 LEONID RD  
City-State-Zip: JACKSONVILLE FL 32218

Title VP  
Name COLEMAN, ANTHONY DALE  
Address 1901 LEONID RD  
City-State-Zip: JACKSONVILLE FL 32218

Title ASST. SECRETARY  
Name BRITTANY, COLEMAN N  
Address 1901 LEONID RD  
City-State-Zip: JACKSONVILLE FL 32218

Title ASST. SECRETARY  
Name MCCOY, CORY D  
Address 1901 LEONID RD  
City-State-Zip: JACKSONVILLE FL 32218

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HELEN F SHERMAN

PRESIDENT

02/19/2024

Electronic Signature of Signing Officer/Director Detail

Date