

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000004843

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

**Current Principal Place of Business:**

4000 SPRING PARK BLVD  
BLDG A  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4000 SPRING PARK RD  
JACKSONVILLE, FL 32207 US

**FEI Number:** 46-4726076

**Certificate of Status Desired:** Yes

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

SPENCER, ALFRED  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name COLEMAN, ANTHONY JR.  
Address 5407 TURKEY CREEK RD  
City-State-Zip: JACKSONVILLE FL 32244

Title T  
Name SHERMAN, HELEN  
Address 5407 TURKEY CREEK RD  
City-State-Zip: JACKSONVILLE FL 32244

Title D  
Name HAMILTON, STEPHANIE D  
Address 5407 TURKEY CREEK RD  
City-State-Zip: JACKSONVILLE FL 32244

Title S  
Name EVANS, DEMETRIA  
Address 5407 TURKEY CREEK RD  
City-State-Zip: JACKSONVILLE FL 32244

Title D  
Name SAXON, MELANIE  
Address 5407 TURKEY CREEK RD  
City-State-Zip: JACKSONVILLE FL 32244

Title D  
Name WEST, GAIL  
Address 5407 TURKEY CREEK RD  
City-State-Zip: JACKSONVILLE FL 32244

*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

**TREASURER**

**02/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date