

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