

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000004843

**Entity Name:** EMMANUEL COASTAL ACADEMY INC.**Current Principal Place of Business:**10696 LEM TURNER RD  
#3  
JACKSONVILLE, FL 32218**Current Mailing Address:**10696 LEM TURNER RD  
#3  
JACKSONVILLE, FL 32218 US**FEI Number:** 46-5726076**Certificate of Status Desired:** No**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	SHERMAN, HELEN F
Address	5407 TURKEY CREEK RD
City-State-Zip:	JACKSONVILLE FL 32244

Title	D
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

Title	TREASURER
Name	GRIER, TIFFANY
Address	10696 LEM TURNER RD # 3
City-State-Zip:	JACKSONVILLE FL 32218

Title	VP
Name	COLEMAN, ANTHONY DALE
Address	10696 LEM TURNER RD #3
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 SHERMAN****PRESIDENT****03/19/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date