

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000004843

Entity Name: EMMANUEL COASTAL ACADEMY INC.**Current Principal Place of Business:**7374 OVERLAND PARK BLVD. WEST
JACKSONVILLE, FL 32244**Current Mailing Address:**7374 OVERLAND PARK BLVD. WEST
JACKSONVILLE, FL 32244**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPENCER, ALFRED
1115 SOUTH EDGEWOOD AVE. #429
JACKSONVILLE, FL 32205 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	7374 OVERLAND PARK BLVD. WEST
City-State-Zip:	JACKSONVILLE FL 32244

Title	T
Name	SHERMAN, HELEN
Address	7374 OVERLAND PARK BLVD. WEST
City-State-Zip:	JACKSONVILLE FL 32244

Title	D
Name	HAMILTON, STEPHANIE D
Address	7374 OVERLAND PARK BLVD. WEST
City-State-Zip:	JACKSONVILLE FL 32244

Title	S
Name	EVANS, DEMETRIA
Address	7374 OVERLAND PARK BLVD. WEST
City-State-Zip:	JACKSONVILLE FL 32244

Title	D
Name	SAXON, MELANIE
Address	7374 OVERLAND PARK BLVD. WEST
City-State-Zip:	JACKSONVILLE FL 32244

Title	D
Name	WEST, GAIL
Address	7374 OVERLAND PARK BLVD. WEST
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: ANTHONY COLEMAN JR.**PRESIDENT****03/29/2015**

Electronic Signature of Signing Officer/Director Detail

Date