

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90025 011 ****61.25

DOCUMENT # 750163

1. Entity Name

EMERALD COAST FELLOWSHIP, INC.



Principal Place of Business

Mailing Address

4102 HIGHWAY 390
LYNN HAVEN FL 32444

4102 HIGHWAY 390
LYNN HAVEN FL 32444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1961780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOPER, MONTE
2907 KINGS HARBOUR ROAD
PANAMA CITY FL 32405

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME LOVETT, AARON
STREET ADDRESS 1420 GRAHAM LANE
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ☐ Delete
NAME SCALF, JEFF
STREET ADDRESS 3141 WOOD VALLEY RD
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ☒ Delete
NAME HALLMAN, E. B.
STREET ADDRESS 1220 MAIN AVENUE
CITY-ST-ZIP LYNN HAVEN FL

TITLE ☐ Delete
NAME BANCROFT, JOHN
STREET ADDRESS 2209 OWENS CIRCLE
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ☐ Delete
NAME COOPER, MONTE
STREET ADDRESS 2907 KINGS HARBOUR ROAD
CITY-ST-ZIP PANAMA CITY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D Everritt, William
STREET ADDRESS 5118 Deep Bayou Drive
CITY-ST-ZIP Panama City, FL 32404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/04

Date

850 265-2166

Daytime Phone #

Monte Cooper