


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 750163	
1. Entity Name EMERALD COAST FELLOWSHIP, INC.	

Principal Place of Business 4102 HIGHWAY 390 LYNN HAVEN, FL 32444	Mailing Address 4102 HIGHWAY 390 LYNN HAVEN, FL 32444
--	--

DO NOT WRITE IN THIS SPACE



03012006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1961780	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COOPER, MONTE
2907 KINGS HARBOUR ROAD
PANAMA CITY, FL 32405

DO NOT WRITE
IN THIS SPACE

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** _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LOVETT, AARON
STREET ADDRESS	1420 GRAHAM LANE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	SCALF, JEFF
STREET ADDRESS	3141 WOOD VALLEY RD
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	EVERITT, WILLIAM
STREET ADDRESS	5118 DEEP BAYOU DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	D
NAME	BANCROFT, JOHN
STREET ADDRESS	2209 OWENS CIRCLE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	T
NAME	COOPER, MONTE
STREET ADDRESS	2907 KINGS HARBOUR ROAD
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

1100000460875
03/20/06 80028-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Monte Cooper** **03/01/06** **850 265-2166**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #