

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 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**



02132007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**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, 2007**

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**

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

02/20/07

850 265-2166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #