

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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**

U00000660124  
 03/19/07-80013-009 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 02/20/07 850 265-2166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #