

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750163

FILED
Apr 28, 2009
Secretary of State

Entity Name: EMERALD COAST FELLOWSHIP, INC.

Current Principal Place of Business:

4102 HIGHWAY 390
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

4102 HIGHWAY 390
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-1961780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOVETT, AARON
Address: 1420 GRAHAM LANE
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: SCALF, JEFF
Address: 3141 WOOD VALLEY RD
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: EVERITT, WILLIAM
Address: 5118 DEEP BAYOU DRIVE
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: BANCROFT, JOHN
Address: 2209 OWENS CIRCLE
City-St-Zip: PANAMA CITY, FL 32405

Title: T () Delete
Name: COOPER, MONTE
Address: 2907 KINGS HARBOUR ROAD
City-St-Zip: PANAMA CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MONTE COOPER

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date