

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90101 020 \*\*\*\*70.00

<b>DOCUMENT # N00000006301</b> 1. Entity Name <b>EMERALD COAST BIBLE CHAPEL, INC.</b>					
Principal Place of Business <b>94 S. JOHN SIMS PKWY VALPARAISO, FL 32580</b>			Mailing Address <b>PO BOX 508 NICEVILLE, FL 32588</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3670631</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MCCULLOCH, DAVID M 929 SHALIMAR POINTE DR. SHALIMAR, FL 32579</b>				Name <b>Stewart, Richard B</b> Street Address (P.O. Box Number is Not Acceptable) <b>1410 Ernest Hemingway Dr</b> City <b>Niceville</b> <b>FL</b> Zip Code <b>32578</b>	
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 <i>Richard B. Stewart</i> <b>Richard B. Stewart</b> <b>1/9/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	D	MCCULLOCH, DAVID M	929 SHALIMAR POINTE DR. SHALIMAR, FL 32579		
	D	STEWART, RICHARD B	1410 ERNEST HEMINGWAY DR. NICEVILLE, FL 32578		
	D	JEFFREYS, JIMMY D	302 ISLAND LANE NICEVILLE, FL 32578		
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.					
<b>SIGNATURE:</b> <i>Jimmy D. Jeffreys</i> <b>TREASURER</b> <b>1/9/7</b> <b>850-682-0931</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					