

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N05364** (7)  
1. Corporation Name  
**EMERALD COAST CATHEDRAL FELLOWSHIP DESTIN, FLORI  
DA, INC.**



Principal Place of Business  
**200 CALHOUN AVE  
PO BOX 5183  
DESTIN FL 32541**

Mailing Address  
**200 CALHOUN AVE  
PO BOX 5183  
DESTIN FL 32540  
US**

2. Principal Place of Business 21 <b>814 FOREST ST.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P.O. BOX 5183</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/26/1984</b>		3a. Date of Last Report <b>06/01/1995</b>	
22		27		4. FEI Number <b>59-2993615</b>		Applied For Not Applicable	
23 <b>DESTIN, FLORIDA</b> City & State		28 <b>DESTIN, FLORIDA</b> City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
24 <b>32541</b> Zip		25 <b>OKALOOSA</b> Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
29 <b>32540</b> Zip		30 <b>OKALOOSA</b> Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>TURTON, RONALD A. - Deceased 662 SHORE DRIVE DESTIN FL 32541</b>				10. Name and Address of New Registered Agent 81 Name <b>RUTH N. TURTON</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>390 SHORE DR.</b> 83 84 City <b>DESTIN</b> FL 85 Zip Code <b>32541</b>			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Ruth N. Turton** DATE **4/24/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDC	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURTON, RONALD A.			1.2 NAME	RUTH N. TURTON		
STREET ADDRESS	662 SHORE DR			1.3 STREET ADDRESS	390 SHORE DR.		
CITY-ST-ZIP	DESTIN FL			1.4 CITY-ST-ZIP	DESTIN, FL 32541		
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURTON, RUTH N.			2.2 NAME			
STREET ADDRESS	662 SHORE DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	DESTIN FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURIE, KEN			3.2 NAME			
STREET ADDRESS	100 JONQUIL AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT WALTON BEACH FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POOLE, WESLEY			4.2 NAME	POOL E, WESLEY		
STREET ADDRESS	804 INDIAN TRAIL			4.3 STREET ADDRESS	RT. 2, BOX 96		
CITY-ST-ZIP	DESTIN FL			4.4 CITY-ST-ZIP	LAUREL HILL, FL 32567-9501		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLESHMAN, JOHNNIE, M			5.2 NAME			
STREET ADDRESS	RT. 1, BOX 308			5.3 STREET ADDRESS			
CITY-ST-ZIP	TROY MO			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURTON, SANDRA R.			6.2 NAME	LOVINGTON, SANDRA R.		
STREET ADDRESS	662 SHORE DR			6.3 STREET ADDRESS	228 GLEN OAKS		
CITY-ST-ZIP	DESTIN FL			6.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ruth N. Turton** DATE **4/26/96** TELEPHONE **(904) 837-4727**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)