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FILED

May 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

814 FOREST ST.  
PO BOX 5183  
DESTIN FL 32541  
USP.O. BOX 5183  
PO BOX 5183  
DESTIN FL 32540-5183  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified  
09/26/19843a. Date of Last Report  
05/01/1996

4. FEI Number

59-2993615

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUTH N. TURTON  
390 SHORE DRIVE  
DESTIN FL 32541

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDC ☐ DELETENAME TURTON, RUTH N.  
STREET ADDRESS 390 SHORE DRIVE  
CITY - ST - ZIP DESTIN FLTITLE STD ☐ DELETENAME TURTON, RUTH N.  
STREET ADDRESS 682 SHORE DR  
CITY - ST - ZIP DESTIN FLTITLE D ☐ DELETENAME MURIE, KEN  
STREET ADDRESS 100 JONQUIL AVENUE  
CITY - ST - ZIP FT WALTON BEACH FLTITLE D ☐ DELETENAME POOLE, WESLEY  
STREET ADDRESS RT.2-BOX 98  
CITY - ST - ZIP LAUREL HILL FLTITLE D ☐ DELETENAME FLESHMAN, JOHNNIE, M  
STREET ADDRESS RT. 1, BOX 308  
CITY - ST - ZIP TROY MOTITLE STD ☐ DELETENAME COVINGTON, SANDRA R.  
STREET ADDRESS 228 GLEN OAKS  
CITY - ST - ZIP TEMPLE TERRACE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0073626

CR2E037 (9/96)

4/27/99 (904) 837-5093  
(904) 837-4727