

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90183 045 ****70.00

DOCUMENT # N05364

1. Corporation Name

EMERALD COAST CATHEDRAL FELLOWSHIP DESTIN, FLORIDA, INC.

Principal Place of Business

814 FOREST ST.
PO BOX 5183
DESTIN FL 32541
US

Mailing Address

P.O. BOX 5183
PO BOX 5183
DESTIN FL 32540
US

534977 - 90183 - 45



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/26/1984

4. FEI Number

59-2993615

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

RUTH N. TURTON
390 SHORE DRIVE
DESTIN FL 32541

10. Name and Address of New Registered Agent

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

Ruth N. Turton

5-3-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC
NAME TURTON, RUTH N.
STREET ADDRESS 390 SHORE DRIVE
CITY-ST-ZIP DESTIN FL

☐ DELETE

TITLE STD
NAME TURTON, RUTH N.
STREET ADDRESS 662 SHORE DR
CITY-ST-ZIP DESTIN FL

☐ DELETE

TITLE D
NAME MURIE, KEN
STREET ADDRESS 100 JONQUIL AVENUE
CITY-ST-ZIP FT WALTON BEACH FL

☒ DELETE

TITLE D
NAME POOLE, WESLEY
STREET ADDRESS 510 GULF SHORE DR., #613
CITY-ST-ZIP DESTIN FL

☐ DELETE

TITLE D
NAME FLESHMAN, JOHNNIE, M
STREET ADDRESS 4180 DEWEY ROSE LANE
CITY-ST-ZIP CANTONMENT FL

☐ DELETE

TITLE STD
NAME COVINGTON, SANDRA R.
STREET ADDRESS 228 GLEN OAKS, G-104
CITY-ST-ZIP TEMPLE TERRACE FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

Ruth N. Turton

5-3-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)