

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05364

1. Entity Name

EMERALD COAST CATHEDRAL FELLOWSHIP DESTIN, FLORI

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90932 033 ****70.00

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 32540-5183
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2993615

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUTH N. TURTON
 390 SHORE DRIVE
 DESTIN FL 32541

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD
 NAME TURTON, RUTH N.
 STREET ADDRESS 662 SHORE DR
 CITY-ST-ZIP DESTIN FL ☐ Delete
Duplication + wrong address

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE STD SANDRA R. COVINGTON ☒ Change ☐ Addition
 NAME #4612
 STREET ADDRESS 4255 W. HUMPHREY ST.
 CITY-ST-ZIP TAMPA, FL 33614

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)