

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011551

FILED
Apr 29, 2009
Secretary of State

Entity Name: EMERALD COAST WORSHIP CENTRE, INC.

Current Principal Place of Business:

213 HOLLYWOOD BLVD UNIT 1
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

PO BOX 4461
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 26-3954564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, ANITA J
213 HOLLYWOOD BLVD UNIT 1
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ANDERSON, CHARLIE C
Address: 281 BRIARWOOD CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: DV () Delete
Name: MALLIN, SHAWN G
Address: 5 BEDORD PLACE NE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: DST () Delete
Name: HILL, ANITA J
Address: 349 KEPNER DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: CARTER, LARRY
Address: 155 BREWER CIRCLE
City-St-Zip: MARY ESTHER, FL 32569

Title: D () Delete
Name: MORALES, PAUL
Address: 29 DEAL AVE NE
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA J HILL

DST

04/29/2009

Electronic Signature of Signing Officer or Director

Date