# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47170** **(8)**

1. Corporation Name

**EMERALD COAST MINISTRIES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1223 EAGLE DR<br>CANTONMENT FL 32533 | 1223 EAGLE DR<br>CANTONMENT FL 32533 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1992
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-3110908 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 2490 INTERSTATE CIR | 26 2490 INTERSTATE CIRCLE |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: PENSACOLA, FL | 28 City & State: PENSACOLA, FL |
| 24 Zip: 32526 25 County: ESCAMBIA | 29 Zip: 32526 30 County: ESCAMBIA |

**9. Name and Address of Current Registered Agent**

DENMARK, DANIEL
1112 LAKEVIEW DRIVE
PENSACOLA FL 32501

**10. Name and Address of New Registered Agent**

81 Name: JACK S. VAN ORD
82 Street Address (P.O. Box Number is Not Acceptable): 1223 EAGLE DRIVE
83
84 City: CANTONMENT FL 85 Zip Code: 32533

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Jack S. Van Ord JACK S. VAN ORD 4-13-96
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 | D | 11 TITLE | DIRECTOR | ☒ Change ☐ Addition |
| NAME | GIPSON, RANDALL | 12 NAME | GREGORY FARRAR, ATTORNEY | |
| STREET ADDRESS | 7201 BRUNER ST., APT. 8-C | 13 STREET ADDRESS | 109-1/2 N PALAFOX ST | |
| CITY-ST-ZIP | PENSACOLA FL | 14 CITY-ST-ZIP | PENSACOLA, FL 32501 | |
| TITLE | D | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | GUNTER, JAMES | 22 NAME | | |
| STREET ADDRESS | 1223 EAGLE DRIVE | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | CANTONMENT FL | 24 CITY-ST-ZIP | | |
| TITLE | D | 31 TITLE | DIRECTOR | ☒ Change ☐ Addition |
| NAME | GIPSON, GRACE | 32 NAME | CATHERINE MCCROBIE | |
| STREET ADDRESS | 7201 BRUNER ST APT 8-C | 33 STREET ADDRESS | 7738 TIPPIN AVE | |
| CITY-ST-ZIP | PENSACOLA FL | 34 CITY-ST-ZIP | PENSACOLA, FL 32514 | |
| TITLE | ST | 41 TITLE | SECRETARY-TREASURE | ☒ Change ☐ Addition |
| NAME | BURN, KATHRANN | 42 NAME | SUSAN E. VAN ORD | |
| STREET ADDRESS | 7201 BRUNER ST., APT 9E | 43 STREET ADDRESS | 1223 EAGLE DRIVE | |
| CITY-ST-ZIP | PENSACOLA FL | 44 CITY-ST-ZIP | CANTONMENT, FL 32533 | |
| TITLE | P | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | VANORD, JACK S | 52 NAME | | |
| STREET ADDRESS | 1223 EAGLE DRIVE | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | CANTONMENT FL | 54 CITY-ST-ZIP | | |
| TITLE | D | 61 TITLE | DIRECTOR | ☒ Change ☐ Addition |
| NAME | HORMANN, THERESA | 62 NAME | ROBERTO REYES | |
| STREET ADDRESS | 7201 BRUNER ST, APT 9E | 63 STREET ADDRESS | 8999 N. 8 MILE CREEK RD | |
| CITY-ST-ZIP | PENSACOLA FL | 64 CITY-ST-ZIP | PENSACOLA, FL 32534 | |

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)(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:** JACK S. VAN ORD Jack S. Van Ord 904 941-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007679