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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N47170** (8)

1. Corporation Name

EMERALD COAST MINISTRIES, INC.



Principal Place of Business

**1223 EAGLE DR
CANTONMENT FL 32533**

Mailing Address

**1223 EAGLE DR
CANTONMENT FL 32533-8368**

3. Date Incorporated or Qualified
02/03/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 2490 INTERSTATE CR

2a. Mailing Address

26 1223 EAGLE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PENSACOLA, FL

27 CANTONMENT, FL

City & State

City & State

23

28

Zip **32526**

Country **U.S.A.**

Zip **32526**

Country **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACK S. VAN ORD, CHAPLAIN
1223 EAGLE DRIVE
CANTONMENT FL 32533**

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

Jack S. Van Ord, Chaplain

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	<input checked="" type="checkbox"/> DELETE
NAME	RINARD, RICARD	
STREET ADDRESS	1949 DOGWOOD PLACE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FARRAR, GREGORY ATTORN	
STREET ADDRESS	109 N. PALAFOX	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIPSON, GRACE	
STREET ADDRESS	1849 DOGWOOD PLACE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	VAN ORD, SUSAN	
STREET ADDRESS	1223 EAGLE DRIVE	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VANORD, JACK S	
STREET ADDRESS	1223 EAGLE DRIVE	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, WILLIAM	
STREET ADDRESS	2490 INTERSTATE CIR	
CITY-ST-ZIP	PENSACOLA FL	

1.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANN JOHNSON	
2.3 STREET ADDRESS	1949 DOGWOOD PL	
2.4 CITY-ST-ZIP	PENSACOLA, FL	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GRACE PHILLIPS	
3.3 STREET ADDRESS	RR #2 - BOX 163 A	
3.4 CITY-ST-ZIP	EVERY, TX 75554	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PHILLIPS, WILLIAM	
6.3 STREET ADDRESS	RR #2 - BOX 163 A	
6.4 CITY-ST-ZIP	EVERY, TX 75554	

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:

Jack S. Van Ord **JACK S. VAN ORD** 4-21-97 941-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0073379

CR2E037 (9/96)