

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 2490 INTERSTATE CIR. PENSACOLA FL 32526 US		Mailing Address 1223 EAGLE DRIVE CANTONMENT FL 32526 US		3. Date Incorporated or Qualified 02/03/1992	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3110908	
21. Suite, Apt. #, etc.		2a. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip Country		28. Zip Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Zip Country		29. Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent JACK S. VAN ORD, CHAPLAIN 1223 EAGLE DRIVE CANTONMENT FL 32533				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

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	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINARD, RICHARD	1.2 NAME	PETER SCHIRAZ
STREET ADDRESS	1949 DOWWOOD PLACE	1.3 STREET ADDRESS	2490 INTERSTATE CIRCLE
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRAR, GREGORY ATTORN	2.2 NAME	
STREET ADDRESS	100 N. PALAFOX	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, GRACE	3.2 NAME	
STREET ADDRESS	RR. 2, BOX 183A	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVERY TX	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN ORD, SUSAN	4.2 NAME	
STREET ADDRESS	1223 EAGLE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANORD, JACK S	5.2 NAME	
STREET ADDRESS	1223 EAGLE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIP, WILLIAM	6.2 NAME	
STREET ADDRESS	RR. 2, BOX 183A	6.3 STREET ADDRESS	
CITY-ST-ZIP	AVERY TX	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Jack S. Van Ord* - **JACK S. VAN ORD** 4-13-98 850-941-0700

CR2E037 (10/97)