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May 08, 1999 8:00 am
Secretary of State

05-08-1999 90026 041 ****70.00

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N47170

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



| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 | 26 | 02/03/1992 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number |
| 22 | 27 | 59-3110908 |
| City & State | City & State | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 23 | 28 | |
| Zip Country | Zip Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | 29 | 30 |

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 32526

| |
|---|
| 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 | 1.1 TITLE | V-PRESIDENT |
| NAME | SCHIRA, PETER | 1.2 NAME | RONALD BOSWELL |
| STREET ADDRESS | 2490 INTERSTATE CIR | 1.3 STREET ADDRESS | 8800 REDWING DRIVE |
| CITY-ST-ZIP | PENSACOLA FL 32526 | 1.4 CITY-ST-ZIP | PENSACOLA, FL 32534 |
| TITLE | D | 2.1 TITLE | DIRECTOR |
| NAME | FARRAR, GREGORY ATTORN | 2.2 NAME | JEFF SEWARD |
| STREET ADDRESS | 109 N. PALAFOX | 2.3 STREET ADDRESS | 9131 MOBILE HWY - LOT 5 |
| CITY-ST-ZIP | PENSACOLA FL | 2.4 CITY-ST-ZIP | PENSACOLA, FL 32526 |
| TITLE | D | 3.1 TITLE | DIRECTOR |
| NAME | PHILLIPS, GRACE | 3.2 NAME | CINDY FARRAR |
| STREET ADDRESS | RR. 2, BOX 163A | 3.3 STREET ADDRESS | 3421 OAKMONT DRIVE |
| CITY-ST-ZIP | AVERY TX | 3.4 CITY-ST-ZIP | PENSACOLA, FL 32503 |
| TITLE | ST | 4.1 TITLE | DIRECTOR |
| NAME | VAN ORD, SUSAN | 4.2 NAME | PATTY SEWARD |
| STREET ADDRESS | 1223 EAGLE DRIVE | 4.3 STREET ADDRESS | 9131 MOBILE HWY - LOT 5 |
| CITY-ST-ZIP | CANTONMENT FL | 4.4 CITY-ST-ZIP | PENSACOLA, FL 32526 |
| TITLE | P | 5.1 TITLE | DIRECTOR |
| NAME | VANORD, JACK S | 5.2 NAME | REV. ORELLIA MARSHALL |
| STREET ADDRESS | 1223 EAGLE DRIVE | 5.3 STREET ADDRESS | 1803 E. SCOTT ST |
| CITY-ST-ZIP | CANTONMENT FL | 5.4 CITY-ST-ZIP | PENSACOLA, FL 32503 |
| TITLE | D | 6.1 TITLE | Rev. WM Marshall |
| NAME | PHILLIP, WILLIAM | 6.2 NAME | 1803 E. SCOTT ST |
| STREET ADDRESS | RR. 2, BOX 163A | 6.3 STREET ADDRESS | PENSACOLA, FL 32503 |
| 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, with all other like empowered.

SIGNATURE: **JACK S. VAN ORD** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (11/98)