


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90040 011 ****70.00

DOCUMENT # N47170 1. Entity Name EMERALD COAST MINISTRIES, INC.	
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Principal Place of Business 30 SOUTH 3RD STREET PENSACOLA FL 32507 US	Mailing Address 1223 EAGLE DRIVE CANTONMENT FL 32526 US
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40037041



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-3110908	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JACK S. VAN ORD, CHAPLAIN 1223 EAGLE DRIVE CANTONMENT FL 32533

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JACK S. VAN ORD, CHAPLAIN Jack S. Van Ord 3-17-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSWELL, COLONEL T 8800 REDWING DR PENSACOLA FL 32534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Bill MARSHALL 1803 E SCOTT ST PENSACOLA, FL 32503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARRAIR, GREGORY P.O BOX 12381 PENSACOLA FL 32582-2381 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ORELLIA MARSHALL 1803 E. SCOTT ST PENSACOLA, FL 32503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOK, SHARON 30 SOUTH 3RD ST. PENSACOLA FL 32507 <input type="checkbox"/> Delete <i>moved - OUT OF STATE</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. DONNA BLANKENSHIP 5370 JENNY CIRCH PACE, FL 32571 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANNON, ALISA 11000 UNIVERSITY PKWY PENSACOLA FL 32514 <input type="checkbox"/> Delete <i>moved OUT OF STATE</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JIM BLANKENSHIP 5370 JENNY CIRCH PACE, FL 32571 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEWARD, PATRICH 4613 FORSYTH ST. MILTON FL 32583 <input type="checkbox"/> Delete <i>moved OUT OF AREA</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. JACK + ELLIE GANDER 2345 HALLMARK DRIVE PENSACOLA, FL 32503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VANLORD, SUSAN E 1223 EAGLE DRIVE CANTONMENT FL 32533 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jack S. Van Ord 3-17-05 1-850-458-5549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #