

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90170 013 \*\*\*\*70.00

**DOCUMENT # N47170**

1. Entity Name

**EMERALD COAST MINISTRIES, INC.**



Principal Place of Business

**30 SOUTH 3RD STREET  
PENSACOLA FL 32507  
US**

Mailing Address

**1223 EAGLE DRIVE  
CANTONMENT FL 32526  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3110908**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOSWELL, COLONEL T</b> <b>8800 REDWING DR</b> <b>PENSACOLA FL 32534</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FARRAIR, GREGORY</b> <b>P.O BOX 12381</b> <b>PENSACOLA FL 32582-2381</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FIELDS, REGINALD</b> <b>99 SOUTH 3RD STREET</b> <b>PENSACOLA FL 32507</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'DELL, LISA</b> <b>3550 PINE FOREST RD</b> <b>CANTONMENT FL 32533</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DENNY, RON</b> <b>2490 INTERSTATE CIR</b> <b>PENSACOLA FL 32526</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FIELDS, RHONDA</b> <b>99 SOUTH 3RD STREET</b> <b>PENSACOLA FL 32507</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Orellia MARSHALL</b> <b>1803 E. SCOTT ST</b> <b>PENSACOLA, FL 32503</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>William MARSHALL</b> <b>1803 E. SCOTT ST</b> <b>PENSACOLA, FL 32503</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Sharon BOOK</b> <b>30 SOUTH 3RD ST</b> <b>PENSACOLA, FL 32507</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JEFF SEWARD</b> <b>4613 FORSYTH ST</b> <b>MILTON, FL 32583</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATRICK SEWARD</b> <b>4613 FORSYTH ST</b> <b>MILTON, FL 32583</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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*

**JACK S. VAN ORD**

**5-23-03 (1-850-458-5547)**

CR2E037 (10/02)