

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004989

FILED
May 02, 2005
Secretary of State

Entity Name: EMERALD COAST CHRISTIAN CENTER, INC.

Current Principal Place of Business:

1710 CHAT HOLLY RD.
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1045
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-3344457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARROLL, ROBERT J
8938 N. MCANN RD.
PANAMA CITY, FL 32409 US

Name and Address of New Registered Agent:

CARROLL, ROBERT J
26 ANDY AVE
FREEPORT, FL 32439 US

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.

SIGNATURE: ROBERT J CARROLL

05/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARROLL, ROBERT J
Address: 8939 N. MCANN RD.
City-St-Zip: PANAMA CITY, FL 32409

Title: D () Delete
Name: GRAHAM, ROBERT W SR
Address: 6597 HWY 331 SOUTH
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: GUNDRUM, RICHARD
Address: 994 OLD JOLLY BAY RD.
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HEDMAN, SUSAN
Address: 134 SHORT AVE
City-St-Zip: FREEPORT, FL 32439

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J CARROLL

D

05/02/2005

Electronic Signature of Signing Officer or Director

Date