

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004989

FILED  
Apr 18, 2006  
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 ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CARROLL, ROBERT J  
1710 CHAT HOLLEY RD  
SANTA ROSA BEACH, FL 32459 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: \_\_\_\_\_

04/18/2006

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: HEDMAN, SUSAN  
Address: 134 SHORT AVE  
City-St-Zip: FREEPORT, FL 32439

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: D (X) Change ( ) Addition  
Name: CARROLL, ROBERT J  
Address: 1710 CHAT HOLLEY ROAD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

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 Chapter 119, 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

04/18/2006

Electronic Signature of Signing Officer or Director

Date