

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000565

1. Corporation Name

EMERALD COAST LUTHERAN CHURCH, INC.

Principal Place of Business

**EMERALD COAST PLAZA
SUITE 33
SANTA ROSA BEACH FL 32459
US**

Mailing Address

**P.O. BOX 1597
SANTA ROSA BEACH FL 32459**

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90013 025 ****61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified

01/29/1996

4. FEI Number

59-3327167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**TERRY, WILLIAM R
618 BENNING DRIVE
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name **A. William Sims**

82 Street Address (P.O. Box Number is Not Acceptable)

4057 E. Co. Hwy 30-A

83

84 City **Santa Rosa Beach** **FL**

85 Zip Code **32459**

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 *A. William Sims*

A. William Sims

01/12/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REINKE, FRIEDERICH W	
STREET ADDRESS	43 MOONEY ROAD	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TERRY, WILLIAM R	
STREET ADDRESS	618 BENNING DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SIMS, A. WILLIAM W	
STREET ADDRESS	4057 E CO HWY 30-A	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COFFEEN, KAY	
STREET ADDRESS	6 MOCKINGBIRD LANE	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PECO, JUNE	
STREET ADDRESS	96 THOMPSON ROAD	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELLER, EUGENE L	
STREET ADDRESS	106 N HIGHWAY 393	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pau L. Johnson	
1.3 STREET ADDRESS	3897 Mesa Road	
1.4 CITY-ST-ZIP	Destin, FL 32540	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/99

850/650-6866

Date

Daytime Phone #

CR2E037 (11/98)