

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90138 050 ****61.25

DOCUMENT # N96000000565

1. Entity Name

EMERALD COAST LUTHERAN CHURCH, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

4855 W. Hwy 98 (US)

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Santa Rosa Beach

City & State

4. FEI Number

59-3327167

Applied For

☒ Not Applicable

Zip

32459

Country

Walton

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**SIMS, A W
4057 E. CO HWY 30-A
SANTA ROSA BEACH FL 32459**

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, PAUL L	
STREET ADDRESS	3892 MESA RD	
CITY-ST-ZIP	DESTIN FL 32540	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

William W. Sims
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/00
Date

850/231-3070
Daytime Phone #