

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90024 032 ****61.25

DOCUMENT # N96000000565

1. Entity Name

EMERALD COAST LUTHERAN CHURCH, INC.



Principal Place of Business

4855 W US 98
SANTA ROSA BEACH FL 32459
US

Mailing Address

P.O. BOX 1597
SANTA ROSA BEACH FL 32459

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

59-3327167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JERRY D
261 LEANING PINES LOOP
DESTIN FL 32541

7. Name and Address of New Registered Agent

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

Jerry D. Davis, Treasurer

Feb 23, 04

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
Due By May 1, 2004

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

TITLE **TD** ☐ Delete
NAME **DAVIS, JERRY D**
STREET ADDRESS **261 LEANING PINES LOOP**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **PD** ☒ Delete
NAME **COFFEEN, EDWIN**
STREET ADDRESS **6 MOCKINGBIRD LANE**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE **ST** ☒ Delete
NAME **GOBLE, MARIE**
STREET ADDRESS **68 POMPANO STREET**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Brostrom, Paul**
STREET ADDRESS **8 Norriego Dr.**
CITY-ST-ZIP **Destin, FL 32541**

TITLE **SD** ☒ Change ☐ Addition
NAME **Lee, Jennifer**
STREET ADDRESS **83 Cayman Cove**
CITY-ST-ZIP **Destin, FL 32541**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Jerry D. Davis **Jerry D. Davis**

Feb 23, 04 **(850) 650-4832**

Date

Daytime Phone #