

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006425

1. Entity Name

CALVARY EMERALD COAST, INCORPORATED

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90387 029 *****70.00

00185589

Principal Place of Business Mailing Address
446 RACETRACK RD 446 RACETRACK RD
STE D STE D
FT WALTON BCH FL 32547 FT WALTON BCH FL 32547
US US

959886



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
151-A EGLIN PARKWAY 151-A EGLIN PARKWAY
Suite, Apt. #, etc. A Suite, Apt. #, etc. A

City & State City & State
FORT WALTON BEACH, FL FORT WALTON BEACH, FL
Zip Country Zip Country
32548 USA 32548 USA

4. FEI Number 59-3480244 Applied For Not Applicable

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
FLANDERS, JAMES T Name FLANDERS, JAMES T.
3068 YORKTOWN CIR Street Address (P.O. Box Number is Not Acceptable) 2004 RIVIERA LANE SOUTH
FT WALTON BEACH FL 32547 City NAVARRE FL Zip Code 32566

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 _____ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANDERS, JAMES		NAME	FLANDERS, JAMES	
STREET ADDRESS	3068 YORKTOWN CIR		STREET ADDRESS	2004 RIVIERA LANE SOUTH	
CITY-ST-ZIP	FT WALTON BEACH FL		CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOE, EDWARD		NAME		
STREET ADDRESS	6112 E. BAY BLVD		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32561		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATUM, ADAM		NAME		
STREET ADDRESS	3010 YORKTOWN CIR		STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENLEY, REID M		NAME	HENLEY, REID M.	
STREET ADDRESS	200 OAKWOOD CIR		STREET ADDRESS	25 MAGNOLIA AVE.	
CITY-ST-ZIP	NICEVILLE FL		CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01 830-882-0726
Date Daytime Phone #

CR2E037 (10/00)