

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006425

1. Entity Name

CALVARY EMERALD COAST, INCORPORATED

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90006 049 \*\*\*\*61.25

Principal Place of Business

151-A EGLIN PARKWAY  
A  
FORT WALTON BEACH FL 32548  
US

Mailing Address

151-A EGLIN PARKWAY  
A  
FORT WALTON BEACH FL 32548  
US

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 **59-3480244**

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  
2004 RIVIERA LANE SOUTH  
NAVARRE FL 32566

Name

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

714 Revere Avenue

City

Fort Walton Beach FL

Zip Code

32547

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
FLANDERS, JAMES  
2004 RIVIERA LANE SOUTH  
NAVARRE FL 32566 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
714 Revere Avenue  
Fort Walton Beach FL  
32547 ☒ Change ☐ Addition  
Address ONLY change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
DOE, EDWARD  
6112 E. BAY BLVD  
GULF BREEZE FL 32561 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
HENLEY, REID M  
28 MAGNOLIA AVE  
SHALIMAR FL 32579 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

Date

Daytime Phone #

2 MAR 02 850-240-7799

CR2E037 (9/01)