

003 ~~2002~~ **UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000002260**

1. Entity Name

**EMERALD COAST SCHOOL OF BIBLE, INC.**

Principal Place of Business

**406 S NAVY BLVD.  
PENSACOLA FL 32507**

Mailing Address

**406 S NAVY BLVD.  
PENSACOLA FL 32507**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3575446**

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

**POPE, RAY P  
4400 BAYOU BLVD  
SUITE 54B  
PENSACOLA FL 32503**

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.

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	TD	<input type="checkbox"/> Delete
NAME	COOPER, BOB	
STREET ADDRESS	6007 CHANDELLE CIR	
CITY-ST-ZIP	PENSACOLA FL 32507	

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MAVES, ARNIE	
STREET ADDRESS	4357 ACACIA DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maves, Arnie	
STREET ADDRESS	4357 Acacia Drive	
CITY-ST-ZIP	Pensacola, FL 32503	

TITLE	SD	<input type="checkbox"/> Delete
NAME	KIRKLAND, LYNN	
STREET ADDRESS	7525 CHUMUCKLA HWY.	
CITY-ST-ZIP	PACE FL 32571	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sinclair, Bruce	
STREET ADDRESS	5413 Woodsmar Dr.	
CITY-ST-ZIP	Pace, FL 32571	

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIDER, JOE	
STREET ADDRESS	1220 E BLOUNT ST	
CITY-ST-ZIP	PENSACOLA FL 32503	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HANSEN, JAMES	
STREET ADDRESS	200 RENTZ AVE	
CITY-ST-ZIP	PENSACOLA FL 32507	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deckker Robert	
STREET ADDRESS	491 Gulf Breeze Parkway	
CITY-ST-ZIP	Gulf Breeze, FL 32563	

TITLE	D	<input type="checkbox"/> Delete
NAME	HORNICK, BOB	
STREET ADDRESS	406 S NAVY BLVD.	
CITY-ST-ZIP	PENSACOLA FL 32507	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNICK, BOB	
STREET ADDRESS	406 S Navy Blvd	
CITY-ST-ZIP	Pensacola, FL 32507	

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 REQUIRED** P.R. Cooper, Treas.

5/15/03

492-9567

CR2E037 (9/01)