2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N99000003980

Entity Name: EMERALD COAST FELLOWSHIP OF BAPTIST CHURCHES, INC.

Current Principal Place of Business:

399 EDGE AVE.
VALPARAISO, FL 32580

New Principal Place of Business:

Current Mailing Address:

399 EDGE AVE.
VALPARAISO, FL 32580

New Mailing Address:

FEI Number: 59-2410870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, H. HERSHEL
26 YACHT CLUB DR
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

ADAMS, H. HERSHEL
399 EDGE AVE
VALPARAISO, FL 32580 US

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: _____ 04/06/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: DAY, GAIL H
Address: 26 YACHT CLUB DRIVE
City-St-Zip: FT WALTON BEACH, FL 32548

Title: D ( ) Delete
Name: ADAMS, H. HERSHEL DR.
Address: 26 YACHT CLUB DR
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete
Name: HAWKINS, MICKEY DR
Address: 26 YACHT CLUB DR
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: DAY, GAIL H
Address: 399 EDGE AVE
City-St-Zip: VALPARAISO, FL 32580

Title: D (X) Change ( ) Addition
Name: ADAMS, H. HERSHEL DR.
Address: 399 EDGE AVE
City-St-Zip: VALPARAISO, FL 3258O

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL H. DAY TD 04/06/2009
Electronic Signature of Signing Officer or Director — Date