

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90003 035 ****61.25

DOCUMENT # N99000004227					
1. Entity Name EMERALD BEACH CHURCH OF CHRIST OF PANAMA CITY BEACH, FLORIDA, INC.					
Principal Place of Business 301 SOUTH ALF COLEMAN ROAD PANAMA CITY BEACH, FL 32407			Mailing Address 301 SOUTH ALF COLEMAN ROAD PANAMA CITY BEACH, FL 32407		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3581521	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MITCHELL, PHILLIP D 105 SOUTH CEDAR BLUFF CIRCLE SOUTHPORT, FL 32409			Name LARRY NAVE		
			Street Address (P.O. Box Number is Not Acceptable) 280 SOMERSET BRIDGE RD		
			City SEAGROVE BEACH, FL Zip Code FL 32459		
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 <i>Larry Nave</i>		Signature, typed or printed name of registered agent and title if applicable.		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, PHILLIP D		NAME	NAVE, LARRY	
STREET ADDRESS	105 SOUTH CEDAR BLUFF CIRCLE		STREET ADDRESS	280 SOMERSET BRIDGE RD	
CITY-ST-ZIP	SOUTHPORT, FL 32409		CITY-ST-ZIP	SEAGROVE BEACH, FL 32459	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVE, LARRY		NAME	RIGGS, MARC	
STREET ADDRESS	280 SOMERSET BRIDGE ROAD		STREET ADDRESS	22212 INLET BEACH DRIVE	
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459		CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGGS, MARC		NAME	TURNER, RALPH	
STREET ADDRESS	22212 INLET BEACH DRIVE		STREET ADDRESS	22519 FRONT BEACH RD	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413		CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	
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		
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 exemptions contained 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 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: <i>Larry Nave</i>		Date 2/25/08		Daytime Phone # 850-234-5675	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	