

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750163

**Entity Name:** EMERALD COAST FELLOWSHIP, INC.

**Current Principal Place of Business:**

4102 WEST HIGHWAY 390  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

4102 WEST HIGHWAY 390  
LYNN HAVEN, FL 32444

**FEI Number:** 59-1961780

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COOPER, MONTE  
2907 KINGS HARBOUR ROAD  
PANAMA CITY, FL 32405 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name LOVETT, AARON  
Address 1420 GRAHAM LANE  
City-State-Zip: PANAMA CITY FL 32405

Title D  
Name ALDERSON, LEROY  
Address 1019 TENNESSEE AVE  
City-State-Zip: LYNN HAVEN FL 32444

Title D  
Name SEXTON, ALFRED  
Address 1502 SYDNEY LANE  
City-State-Zip: LYNN HAVEN FL 32444

Title D  
Name TURNAGE, RODERICK  
Address 4434 SCHOONER AVENUE  
City-State-Zip: LYNN HAVEN FL 32444

Title T  
Name BROOKS, THOMAS G  
Address 2707 PEMBROKE DRIVE  
City-State-Zip: PANAMA CITY FL 32405

*I hereby 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 all other like empowered.*

**SIGNATURE:** AARON LOVETT

**ELDER**

**03/20/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date