

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

DOCUMENT# N08000011551

**Entity Name:** EMERALD COAST WORSHIP CENTRE, INC.**Current Principal Place of Business:**300 MARY ESTHER BLVD.  
MARY ESTHER, FL 32569**Current Mailing Address:**PO BOX 4461  
FORT WALTON BEACH, FL 32549**FEI Number:** 26-3954564**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PHILLIPS, FRANKIE J  
10 BLENHEIM ROAD  
SHALIMAR, FL 32579 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:** FRANKIE JOAN PHILLIPS

01/28/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DP
Name	ANDERSON, CHARLIE C
Address	P. O. BOX 4461
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	DST
Name	PHILLIPS, FRANKIE J
Address	PO BOX 4461
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	DIRECTOR
Name	RYE, JOEL L
Address	PO BOX 4461
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	DIRECTOR
Name	DUKE, JOSH
Address	PO BOX 4461
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	DIRECTOR
Name	STOKES, EDDIE
Address	PO BOX 4461
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	DIRECTOR
Name	PHILLIPS, ROBERT C
Address	PO BOX 4461
City-State-Zip:	FORT WALTON BEACH FL 32549

*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:** FRANKIE J PHILLIPS**SECRETARY**

01/28/2017

Electronic Signature of Signing Officer/Director Detail

Date