


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90429 023 \*\*\*\*61.25

<b>DOCUMENT # 713002</b>	
1. Entity Name <b>BOYS AND GIRLS CLUBS OF THE EMERALD COAST, INC.</b>	

Principal Place of Business <b>923 DENTON BLVD FT WALTON BEACH, FL 32547-1652</b>	Mailing Address <b>923 DENTON BLVD FT WALTON BEACH, FL 32547-1652</b>
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**50018254**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03292006 Chg-NP CR2E037 (11/05)

8. Name and Address of Current Registered Agent		4. FEI Number <b>59-1267050</b>		Applied For
<b>HENLEY, CRAWFORD W 923 DENTON BLVD. FORT WALTON BEACH, FL 32547</b>		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
		<b>\$8.75 Additional Fee Required</b>		
		7. Name and Address of New Registered Agent		City

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.

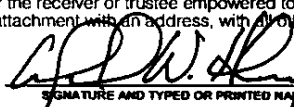
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENLEY, CRAWFORD 923 DENTON BLVD FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VCD POATE, CHRIS 36468 EMERALD COAST PKWY DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DILLMAN, WILLIAM 6 C HOLLYWOOD BLVD FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VCD Torres, Eddie 10221 Emerald Coast Pkwy, Ste 16 Destin, FL 32550 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMILTON, CHAD 45 BEAL PARKWAY NE FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Vincent, John PO Box 6876 Miramar Beach, FL 32550 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, KEVIN 238 OLD HWY 98 DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD CRAUL, BRUCE 4460 LEGENDARY DRIVE #400 DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Craul, Bruce 4100 Legendary Dr., Ste 200 Destin, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **3/30/06 850-862-1616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #