



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90155 032 ****61.25

DOCUMENT # 713002					
1. Entity Name BOYS AND GIRLS CLUBS OF THE EMERALD COAST, INC.					
Principal Place of Business 13 MEMORIAL PKWY, SUITE 201 FT WALTON BEACH, FL 32548			Mailing Address 13 MEMORIAL PKWY, SUITE 201 FT WALTON BEACH, FL 32548		
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 59-1267050	
				Applied For 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		
HENLEY, CRAWFORD W 13 MEMORIAL PKWY, SUITE 201 FORT WALTON BEACH, FL 32548			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENLEY, CRAWFORD		NAME		
STREET ADDRESS	13 MEMORIAL PKWY, SUITE 201		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POATE, CHRIS		NAME		
STREET ADDRESS	36468 EMERALD COAST PKWY		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		
TITLE	1VCD	<input checked="" type="checkbox"/> Delete	TITLE	1VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORRES, EDDIE		NAME	COBBLE, BRAD	
STREET ADDRESS	10221 EMERALD COAST PKWY STE 16		STREET ADDRESS	36468 EMERALD COAST PARKWAY, SUITE 6102	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550		CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINCENT, JOHN		NAME	NULTY, MELISSA	
STREET ADDRESS	POB 6876		STREET ADDRESS	906 MAR WALT DRIVE, SUITE E	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550		CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, KEVIN		NAME	LINDLEY, MATT	
STREET ADDRESS	238 OLD HWY 98		STREET ADDRESS	9300 EMERALD COAST PARKWAY WEST	
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP	SANDESTIN, FL 32550	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAUL, BRUCE		NAME	CHRISTOPHER, STEVE	
STREET ADDRESS	4100 LEGENDARY DR STE 200		STREET ADDRESS	4506 E. HIGHWAY 20, SUITE 200	
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP	NICEVILLE, FL 32578	
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: 		2 Apr 08		(850) 862-1616	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	