
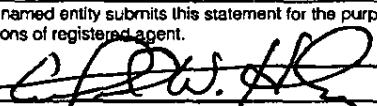

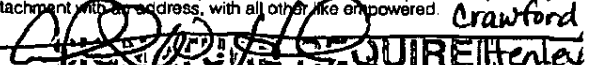
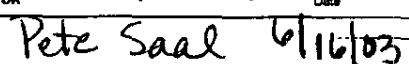


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 20, 2003 8:00 am
Secretary of State

05-09-2003 90154 050 ****61.25

DOCUMENT # 713002					
1. Entity Name BOYS AND GIRLS CLUBS OF THE EMERALD COAST, INC.					
Principal Place of Business 923 DENTON BLVD FT WALTON BEACH FL 32547-1652		Mailing Address 923 DENTON BLVD FT WALTON BEACH FL 32547-1652		<p style="text-align: right; font-size: 24pt;">55049245</p> <div style="background-color: black; width: 100px; height: 20px; margin: 5px auto;"></div> <p style="text-align: center;"><input type="checkbox"/> CHECK HERE IF MAKING CHANGES</p>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1267050	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIRLAW, JAMES 326 SUNNY LANE MARY ESTHER FL 32569			Name Pete Saal Street Address (P.O. Box Numbers not acceptable) 923 Denton Blvd City Ft. Walton Beach FL 32547		
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 			SIGNATURE  6/16/03		
Signature, typed or printed name of registered agent and title (Applicable)			DATE		
FILE NOW: FEE IS \$61.25		8. 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	2VCD	<input type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEDESCO, PAM		NAME	Tedesco, Pamela	
STREET ADDRESS	PO BOX 1598		STREET ADDRESS	PO Box 1598	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
TITLE	3VCD	<input type="checkbox"/> Delete	TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARL, PETE		NAME	Saal, Pete	
STREET ADDRESS	7 VINE STREET		STREET ADDRESS	7 Vine Street	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548		CITY-ST-ZIP	Fort Walton Beach, FL 32548	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAVEZ, DENNIS		NAME	Porath, Shannon	
STREET ADDRESS	35008 EMERALD COAST PKWY		STREET ADDRESS	2441 Hwy 98 East, Ste 108	
CITY-ST-ZIP	DESTIN FL 32541		CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
TITLE	1VCD	<input checked="" type="checkbox"/> Delete	TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINER, MARK		NAME	Schultz, Jean	
STREET ADDRESS	112 TRUXTON AV		STREET ADDRESS	7700 US Hwy 98 West	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547		CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINLAW, JAMES M		NAME	Brown, Nancy	
STREET ADDRESS	326 SUNNY LANE		STREET ADDRESS	77 OBACS Lane	
CITY-ST-ZIP	MARY ESTHER FL 32569		CITY-ST-ZIP	Freeport, FL 32439	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DILLMAN, WILLIAM D		NAME	Wells, Mike	
STREET ADDRESS	6 C HOLLYWOOD BLVD		STREET ADDRESS	9300 Hwy 98 West	
CITY-ST-ZIP	FT WALTON BEACH FL 32548		CITY-ST-ZIP	Destin, FL 32550	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerment.					
SIGNATURE: 			SIGNATURE:  6/16/03		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		
			Daytime Phone # 850-622-0602		

CR2E037 (10/02)