

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

08-28-2003 90068 043 \*\*\*\*61.25

713002

03 SEP -5 AM 9:51

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 713002**

1. Entity Name  
**BOYS AND GIRLS CLUBS OF THE EMERALD COAST, INC.**



Principal Place of Business Mailing Address  
 923 DENTON BLVD 923 DENTON BLVD  
 FT WALTON BEACH FL 32547-1652 FT WALTON BEACH FL 32547-1652

2. Principal Place of Business 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  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KINLAW, JAMES  
 326 SUNNY LANE  
 MARY ESTHER FL 32569

Name **Crawford W. Henley**  
 Street Address (P.O. Box Number is Not Acceptable)  
**923 Denton Blvd**  
 City **Ft. Walton Beach** FL Zip Code **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]*  
 Signature, typed or printed name of registered agent and title if applicable.

8/25/03  
 DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
 After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.  **\$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 NAME	2VCD TEDESCO, PAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	PO BOX 1598	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE NAME	3VCD SARL, PETE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7 VINE STREET	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE NAME	CD CHAVEZ, DENNIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	35008 EMERALD COAST PKWY	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE NAME	1VCD SNER, MARK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	112 TRUXTON AV	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE NAME	SD KINLAW, JAMES M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	326 SUNNY LANE	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE NAME	TD DILLMAN, WILLIAM D	<input type="checkbox"/> Delete
STREET ADDRESS	6 C HOLLYWOOD BLVD	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	

TITLE NAME	P Crawford W. Henley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	923 Denton Blvd	
CITY-ST-ZIP	Fort Walton Beach, FL 32547	
TITLE NAME	CD William Burns	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	151 Mary Esther Boulevard, Ste 407	
CITY-ST-ZIP	Mary Esther, FL 32569	
TITLE NAME	VCD Dicke Fallon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	648 N. Beal Parkway	
CITY-ST-ZIP	Fort Walton Beach, FL 32547	
TITLE NAME	TD Bruce Craul	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4460 Legendary Drive, Ste 400	
CITY-ST-ZIP	Destin, FL 32541	
TITLE NAME	SD Carol Christian	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	412 Mary Esther Cutoff NW	
CITY-ST-ZIP	Fort Walton Beach, FL 32548	
TITLE NAME	1VCD William D. Dillman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6 C Hollywood Blvd	
CITY-ST-ZIP	Fort Walton Beach, FL 32548	

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 information.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/03  
 DATE

Daytime Phone #

CR2E037 (4/03)