2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2006
Secretary of State

DOCUMENT# N04000008643

Entity Name: EMERALD COAST FRATERNAL ORDER OF POLICE FOUNDATION, INC.

Current Principal Place of Business:

13 JONATHAN CIRCLE
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

PO BOX 965
FT WALTON BEACH, FL 325490965

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MILLARD, ROBERT D
13 JONATHAN CIRCLE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: HULL, ROBERT S
Address: PO BOX 965
City-St-Zip: FT WALTON BEACH, FL 32549

Title: VC ( ) Delete
Name: HOGAN, MICHAEL J
Address: PO BOX 965
City-St-Zip: FT WALTON BEACH, FL 32549

Title: ST ( ) Delete
Name: MILLARD, ROBERT D
Address: PO BOX 965
City-St-Zip: FT WALTON BEACH, FL 32549

Title: D ( ) Delete
Name: ENGELBERG, DARRIN
Address: 200 SE FERRY ROAD
City-St-Zip: FT WALTON BEACH, FL 32549

Title: D ( ) Delete
Name: STEVENSON, JAMES J
Address: 101 SE ELM AVENUE
City-St-Zip: FT WALTON BEACH, FL 32549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL J HOGAN VC 05/07/2006

Electronic Signature of Signing Officer or Director Date