

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 18, 2009
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: 20-1820797 FEI Number Applied For () FEI Number Not Applicable () 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: ENGELBERGER, DARRIN
Address: 40 BEAL PARKWAY, SW
City-St-Zip: FT WALTON BEACH, FL 32548

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

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: O () Change (X) Addition
Name: MARTIN, JAMES E
Address: PO BOX 965
City-St-Zip: FORT WALTON BEACH, FL 32549

I hereby certify that the information supplied with this filing does not qualify 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: JAMES E MARTIN

O

05/18/2009

Electronic Signature of Signing Officer or Director

_____ Date