

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90328 035 \*\*\*\*61.25

**DOCUMENT # N04000009355**

1. Entity Name  
**THE ESTATE PLANNING COUNCIL OF THE EMERALD  
COAST, INC.**



Principal Place of Business  
**1223 AIRPORT ROAD  
SUITE 101  
DESTIN, FL 32541**

Mailing Address  
**1223 AIRPORT ROAD  
SUITE 101  
DESTIN, FL 32541**

**50057010**



2. Principal Place of Business

**4400 E HWY 20**

3. Mailing Address

**4400 E HWY 20**

Suite, Apt. #, etc.

**211**

Suite, Apt. #, etc.

**211**

04052005

Chg-NP

CR2E037 (10/03)

City & State

**NICEVILLE FL**

City & State

**NICEVILLE FL**

4. FEI Number

**20-1477697**

Applied For

Not Applicable

Zip

**32578**

Country

Zip

**32578**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HAVENS, JASON E  
1223 AIRPORT ROAD  
SUITE 101  
DESTIN, FL 32541**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2005**

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

TITLE **D** ☐ Delete  
NAME **BARTON, DAVID E**  
STREET ADDRESS **1217 AIRPORT ROAD SUIT 417**  
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **D** ☐ Delete  
NAME **HAVENS, JASON E**  
STREET ADDRESS **1223 AIRPORT ROAD SUITE 101**  
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **D** ☐ Delete  
NAME **MULDOWNEY, DEANNA L**  
STREET ADDRESS **4460 LEGENDARY DR SUITE 100**  
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **D** ☐ Delete  
NAME **WEATHERS, PAMELA S**  
STREET ADDRESS **4460 LEGENDARY DR SUITE 100**  
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4400 E HWY 20, SUITE 211**  
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 empowered.

**SIGNATURE: Pamela S. Weathers**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/05**

Date

**850-337-3207**

Daytime Phone #