## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000009355

FILED Feb 06, 2007 Secretary of State

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

**Current Principal Place of Business:** New Principal Place of Business:

P.O. BOX 6556 4400 EAST HIGHWAY 20 DESTIN, FL 32550

SUITE 211

NICEVILLE, FL 32578

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 5095 P.O. BOX 6556

BLUEWATER BAY, FL 32578 DESTIN, FL 32550

FEI Number: 20-1477697 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAVENS, JASON E 4400 EAST HIGHWAY 20 SUITE 211 NICEVILLE, FL 32578 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete BARTON, DAVID E BARTON, DAVID E Name: Name:

1217 AIRPORT ROAD SUIT 417 Address: 28 NE WALTER MARTIN RD, SUITE B Address:

City-St-Zip: DESTIN, FL 32541 City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Delete Title: (X) Change ( ) Addition Name: HAVENS, JASON E Name: WEITMAN, MICAHEL

Address: 4400 E. HWY 20. SUITE 211 Address: 28 NE WALTER MARTIN RD. SUITE B

City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: DESTIN, FL 32541

Title: () Delete Title: (X) Change ( ) Addition MULDOWNEY, DEANNA L Name: MULDOWNEY, DEANNA L Name:

4460 LEGENDARY DR SUITE 100 4460 LEGENDARY DR., SUITE 100 Address: Address:

City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541

( ) Delete Title: Title: (X) Change ( ) Addition Name: WEATHERS, PAMELA S Name: CAMPBELL, MICHAEL

4460 LEGENDARY DR SUITE 100 106 E. COLLEGE AVE., STE. 820 Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: TALLAHASSEE, FL 32301

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: DEANNA MULDOWNEY D 02/06/2007