2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009355

FILED Feb 26, 2008 Secretary of State

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

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

4400 EAST HIGHWAY 20 4475 LEGENDARY DRIVE DESTIN, FL 32541 SUITE 211 NICEVILLE, FL 32578

New Mailing Address: Current Mailing Address:

P.O. BOX 5095 BLUEWATER BAY, FL 32578

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

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete BARTON, DAVID E HAWKINS, JOHN Name: Name:

28 NE WALTER MARTIN RD, SUITE B Address: 4475 LEGENDARY DRIVE Address: City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: DESTIN, FL 32541

Title: () Delete Title: (X) Change () Addition

WEITMAN, MICAHEL Name: WEITMAN, MICAHEL Name:

Address: 28 NE WALTER MARTIN RD. SUITE B Address: 2000 NINETY-EIGHT PALMS BLVD.

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

Title: () Delete Title: () Change () Addition

MULDOWNEY, DEANNA L Name: Name: 4460 LEGENDARY DR ., SUITE 100 Address: Address:

City-St-Zip: DESTIN, FL 32541 City-St-Zip: (X) Change () Addition Title: () Delete Title:

CAMPBELL, MICHAEL Name: Name: WHITEMAN, DANE 4460 LEGENDARY DR., SUITE 100 Address: 106 E. COLLEGE AVE., STE. 820 Address:

City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: DESTIN, FL 32541

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: JOHN HAWKINS D 02/26/2008