

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009355

FILED  
Mar 30, 2010  
Secretary of State

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

**Current Principal Place of Business:**

4460 LEGENDARY DRIVE  
SUITE 100  
DESTIN, FL 32541

**New Principal Place of Business:**

4502 EAST HWY 20  
SUITE A  
NICEVILLE, FL 32578

**Current Mailing Address:**

P.O. BOX 784  
DESTIN, FL 32540

**New Mailing Address:**

**FEI Number:** 20-1477697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAVENS, JASON E  
4421 COMMONS DRIVE EAST  
BOX 162  
DESTIN, FL 32541 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: P  
Name: MARSHALL, JOHN  
Address: 2000 NINETY-EIGHT PALMS BLVD, SUITE 11  
City-St-Zip: DESTIN, FL 32541

Title: VP  
Name: DEMARS, ROBERT  
Address: 81 BUD'S LANE, SUITE 3  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S  
Name: SIMMONS, SHAYLA  
Address: 4460 LEGENDARY DR., SUITE 100  
City-St-Zip: DESTIN, FL 32541

Title: T  
Name: SMITH, LUKE  
Address: 4502 EAST HWY 20 SUITE A  
City-St-Zip: NICEVILLE, FL 32578

I hereby 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 all other like empowered.

SIGNATURE: LUKE SMITH

T

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date