

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011920

FILED
Aug 16, 2005
Secretary of State

Entity Name: EMERALDCOAST MEDICAL MISSION, INC.

Current Principal Place of Business:

5105 DEEP BAYOU DRIVE
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

5105 DEEP BAYOU DRIVE
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

HAGGERTY, BARRY R
5105 DEEP BAYOU DRIVE
PANAMA CITY, FL 32404 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:

Title: P () Delete
Name: HAGGERTY, BARRY R
Address: 5105 DEEP BAYOU DRIVE
City-St-Zip: PANAMA CITY, FL 32404

Title: VP () Delete
Name: HAMRICK, DAVID J
Address: 712 DRIFTWOOD
City-St-Zip: LYNN HAVEN, FL 32444

Title: S () Delete
Name: HAMRICK, ELIZABETH S
Address: 712 DRIFTWOOD
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: MITCHELL, THOMAS C DR.
Address: 1827 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: DIETRICK, DAVID R DR.
Address: 1827 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: HUNTER, WILLIAM M SR.
Address: 29 E. 5TH STREET
City-St-Zip: PANAMA CITY, FL 32401

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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARRY R. HAGGERTY

P

08/16/2005

Electronic Signature of Signing Officer or Director

Date