2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2006
Secretary of State

DOCUMENT# N04000011920

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 ( )**

Name and Address of Current Registered Agent:

HAGGERTY, BARRY R
5105 DEEP BAYOU DRIVE
PANAMA CITY, FL 32404 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	( ) 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 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: BARRY R. HAGGERTY P 04/08/2006
Electronic Signature of Signing Officer or Director — Date