

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90031 012 ****61.25



DOCUMENT # N06000000759
 1. Entity Name
EMERALD COAST REGION 1 WRECK ASSOCIATION, INCORPORATED

Principal Place of Business Mailing Address
9759 FOWLER AVE. 9759 FOWLER AVE.
PENSACOLA FL 32534 PENSACOLA FL 32534



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NAVARRO, GARY H
9759 FOWLER AVE.
PENSACOLA FL 32534

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____
Signature, typewritten or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DSRA	<input type="checkbox"/> Delete
NAME	NAVARRO, GARY H	
STREET ADDRESS	9759 FOWLER AVE.	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	DT	<input type="checkbox"/> Delete
NAME	STOAKES, JACK A	
STREET ADDRESS	1104 TRENTON DR.	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEREDITH, BEN	
STREET ADDRESS	136 MENZEL ST.	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNESE, JAMES	
STREET ADDRESS	826 ST. KITTS COVE	
CITY-ST-ZIP	NICEVILLE FL 32178	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURCH, BOB	
STREET ADDRESS	1116 BRADFORD CIR.	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, KEN	
STREET ADDRESS	2005 GERALD LANE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary H. Navarro*
 Gary H. Navarro

2/19/08 850 712-1644