2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002373

Apr 22, 2008 Secretary of State

Entity Name: MIRACLE LEAGUE OF THE EMERALD COAST, INC.

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

653 W. 23RD STREET. SUITE 185 PANAMA CITY, FL 32405

PANAMA CITY, FL 32405

Address:

New Mailing Address: Current Mailing Address:

653 W. 23RD STREET, 10010 HUTCHISON BLVD SUITE 185 PANAMA CITY BEACH, FL 32407

FEI Number: 20-8589918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

PATTERSON, CHRIS N QUAVE, JEANNIE 10010 HUTCHISON BLVD 653 W. 23RD STREET, SUITE 185 PANAMA CITY BEACH, FL 32407 US PANAMA CITY, FL 32405 S

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.

Address:

SIGNATURE: JEANNIE QUAVE 04/22/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES () Delete (X) Change () Addition BARR, JIM BARR JIM Name: Name:

653 W. 23RD STREET, SUITE 185 Address: 653 W. 23RD STREET, SUITE 185 Address:

City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: PANAMA CITY, FL 32405

Title: V PR () Delete Title: **PRES** (X) Change () Addition QUAVE, JEANNIE Name: QUAVE, JEANNIE Name:

5214 FINISTERRE 5214 FINISTERRE City-St-Zip: PANAMA CITY BEACH, FL 32408 City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: SEC () Delete Title: SEC (X) Change () Addition CRAMER, KATE SPIVEY, ERICA Name: Name:

Address: 4200 MARRIOTT DRIVE Address: P.O. BOX 20653 City-St-Zip: PANAMA CITY BEACH, FL 32408 City-St-Zip: PANAMA CITY BEACH, FL 32417

() Delete Title: **TRES** Title: () Change () Addition

DAUGHTRY, GLORIA Name: Name: Address: P.O. BOX 9279 Address: PANAMA CITY BEACH, FL 32417 City-St-Zip: City-St-Zip:

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: JEANNIE QUAVE **PRES** 04/22/2008