

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003817

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: EMERALD COAST LIGHTHOUSE FOR THE BLIND, INC.

## Current Principal Place of Business:

1744 FOX ROAD  
PENSACOLA, FL 32503

## New Principal Place of Business:

1744 FOX ROAD  
PENSACOLA, FL 32503 US

## Current Mailing Address:

1744 FOX ROAD  
PENSACOLA, FL 32503

## New Mailing Address:

1744 FOX ROAD  
PENSACOLA, FL 32503 US

FEI Number: 36-4627068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEIL, OWEN  
4712 W FAIRFIELD DR  
PENSACOLA, FL 32506 US

## Name and Address of New Registered Agent:

NEIL, OWEN  
1744FOXROAD  
PENSACOLA, FL 32503 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:

02/09/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIRE ( ) Change (X) Addition  
Name: FEYSA, PETER M  
Address: 1744 FOX ROAD  
City-St-Zip: PENSACOLA, FL 32506

Title: PRES ( ) Change (X) Addition  
Name: MAY, CHRISTINA  
Address: SHADOW LAWN LN  
City-St-Zip: PENSACOLA, FL 32507

Title: VP ( ) Change (X) Addition  
Name: BRADLEY, JAUNITA  
Address: 5650 DALLAS AVE  
City-St-Zip: PENSACOLA, FL 32526

Title: TREA ( ) Change (X) Addition  
Name: BELL, CLARENCE  
Address: 1000 E YOUNGE  
City-St-Zip: PENSACOLA, FL 32503

Title: SEC ( ) Change (X) Addition  
Name: VICE, CALVIN  
Address: 214 SHADOW LAWN LN  
City-St-Zip: PENSACOLA, FL 32507

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: PETER M FEYSA

DIR

02/09/2009

Electronic Signature of Signing Officer or Director

Date