

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION**  
**Reinstatement**  
**1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**96 NOV -4 PM 4:08**

**DOCUMENT # N92000000510 (9)**

1. Corporation Name  
**EMERALD COAST RED ELEPHANT CLUB, INC.**



*0116*

Principal Place of Business      Mailing Address  
**2329 CLAREMONT DR**      **2329 CLAREMONT DR**  
**PANAMA CITY FL 32405**      **PANAMA CITY FL 32405**  
**US**      **US**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/01/1992**      **05/01/1995**  
 4. FBI Number      Applied For  
**59-3147547**       Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes       Yes  No

2. Principal Place of Business      2a. Mailing Address  
 21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.  
 22 City & State      27 City & State  
 23 Zip      28 Country      29 Zip      30 Country

9. Name and Address of Current Registered Agent  
**JENNY THOMAS**  
**2329 CLAREMONT DR**  
**PANAMA CITY FL 32405**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City      85 FL      86 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Jenny Thomas*  
 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARRETT, NOAH	
STREET ADDRESS	501 EAST 4TH STREET	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DUBOSE, TERRY	
STREET ADDRESS	4321 JAN COOLEY DR	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOOLSBY, TOM	
STREET ADDRESS	2020 THOMAS DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32408	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	TIPTON, DAVID	
STREET ADDRESS	1837 QUAIL RUN	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANCASTER, REGGIE	
STREET ADDRESS	15325 FRONT BEACH RD.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANCOCK, AL	
STREET ADDRESS	2883 TUPELO DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Director</i> <b>500001998485--0</b>
2.3 STREET ADDRESS	<b>-11/07/96--01015--002</b>
2.4 CITY-ST-ZIP	<b>***236.25 ***236.25</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>Rep</i>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<i>President Elect</i>
6.3 STREET ADDRESS	<i>Jim White</i>
6.4 CITY-ST-ZIP	<i>454 Baywood Dr Lynn Haven FL 32444</i>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David C Tipton*      10/20/96      921 20 9291  
 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR      Date      (Required Fields)

C2E037 (12/95)