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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N92000000510 (9)

1. Corporation Name

EMERALD COAST RED ELEPHANT CLUB, INC.



Principal Place of Business	Mailing Address
2329 CLAREMONT DR PANAMA CITY FL 32405 US	2329 CLAREMONT DR PANAMA CITY FL 32405-3533 US

3. Date Incorporated or Qualified 12/01/1992	3a. Date of Last Report 11/04/1996
4. FEI Number 59-3147547	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JENNY THOMAS
2329 CLAREMONT DR
PANAMA CITY FL 32405

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D GARRETT, NOAH <input type="checkbox"/> DELETE
NAME	501 EAST 4TH STREET
STREET ADDRESS	LYNN HAVEN FL 32444
CITY-ST-ZIP	
TITLE	D DUBOSE, TERRY <input type="checkbox"/> DELETE
NAME	4321 JAN COOLEY DR
STREET ADDRESS	PANAMA CITY FL
CITY-ST-ZIP	
TITLE	D GOOLSBY, TOM <input type="checkbox"/> DELETE
NAME	2020 THOMAS DRIVE
STREET ADDRESS	PANAMA CITY FL 32408
CITY-ST-ZIP	
TITLE	ST TIPTON, DAVID <input type="checkbox"/> DELETE
NAME	1937 QUAIL RUN
STREET ADDRESS	LYNN HAVEN FL
CITY-ST-ZIP	
TITLE	P LANCASTER, REGGIE <input type="checkbox"/> DELETE
NAME	15525 FRONT BEACH RD.
STREET ADDRESS	PANAMA CITY BEACH FL 32413
CITY-ST-ZIP	
TITLE	P WHITE, JIM <input type="checkbox"/> DELETE
NAME	4654 BERRYWOOD DR.
STREET ADDRESS	LYNN HAVEN FL 32444
CITY-ST-ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE: *David C Tipton* 3/16/97 (904) 769-9481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0000811

CR2E037 (9/96)