

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001045

FILED
May 01, 2008
Secretary of State

Entity Name: EMERALD COAST UNITED, INC.

Current Principal Place of Business:

HWY 85 & COLLEGE BLVD
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

PO BOX 236
DESTIN, FL 32540

New Mailing Address:

FEI Number: 59-3467330 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PLEAT & ASSOCIATES PA
4477 LEGENDARY DR
202
DESTIN, FL 32541 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOEGG, JULIE
Address: 4747 CORONADO CIRCLE
City-St-Zip: CRESTVIEW, FL 32539

Title: GMGR () Delete
Name: BUSOVNE, BERNARD
Address: 1336 WINDWARD CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: T () Delete
Name: RIMSA, SUSAN
Address: 210 MISTY COURT
City-St-Zip: DESTIN, FL 32541

Title: VP () Delete
Name: NICOLSON, SCOTT
Address: 62 LAKE LORRAINE CIRCLE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: SUSAN M. RIMSA

TRES

05/01/2008

Electronic Signature of Signing Officer or Director

Date