

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001045

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** EMERALD COAST UNITED, INC.

**Current Principal Place of Business:**

241 HILLSIDE DRIVE  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 832  
NICEVILLE, FL 32588

**New Mailing Address:**

**FEI Number:** 59-3467330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOW, MILLY  
241 HILLSIDE DRIVE  
NICEVILLE, FL 32578 US

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

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  
**Name:** RARICK, MIKE  
**Address:** 1644 PARKSIDE CIRCLE  
**City-St-Zip:** NICEVILLE, FL 32578

**Title:** GMGR  
**Name:** RAMIREZ, RENEE  
**Address:** 1132 TROON DR. W  
**City-St-Zip:** NICEVILLE, FL 32578

**Title:** VP  
**Name:** HUGHES, J  
**Address:** 1026 37TH STREET  
**City-St-Zip:** NICEVILLE, FL 32578

**Title:** T  
**Name:** LOW, MILLY  
**Address:** 241 HILLSIDE DR  
**City-St-Zip:** NICEVILLE, FL 32578

I hereby 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 all other like empowered.

**SIGNATURE:** MILLY LOW

T

01/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date