

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009355

Entity Name: THE ESTATE PLANNING COUNCIL OF THE EMERALD COAST, INC.**FILED**
Apr 26, 2023
Secretary of State
1613591365CC**Current Principal Place of Business:**35008 EMERALD COAST PKWY
SUITE 500
DESTIN, FL 32541**Current Mailing Address:**P.O. BOX 784
DESTIN, FL 32540**FEI Number: 20-1477697****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KERRIGAN, JANE E
35008 EMERALD COAST PARKWAY, SUITE 500
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**Officer/Director Detail :**Title PRESIDENT
Name FOUNTAIN, KENNETH
Address P.O. BOX 784
City-State-Zip: DESTIN FL 32540Title VP
Name BEARD, AMELIA H
Address P.O. BOX 784
City-State-Zip: DESTIN FL 32540Title SECRETARY
Name ALBARADO, SHELLEY
Address P.O. BOX 784
City-State-Zip: DESTIN FL 32540Title TREASURER
Name DUTRAM, MARK
Address P.O. BOX 784
City-State-Zip: DESTIN FL 32540Title DIRECTOR
Name DANNELLY, JEFF
Address P.O. BOX 784
City-State-Zip: DESTIN FL 32540Title DIRECTOR
Name WRIGHT, JAMES
Address P.O. BOX 784
City-State-Zip: DESTIN FL 32540Title DIRECTOR
Name HUFF, MARC
Address P.O. BOX 784
City-State-Zip: DESTIN FL 32540

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: KENNETH FOUNTAIN**P****04/26/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date