## **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N0600000759

Entity Name: EMERALD COAST REGION 1 WRECK ASSOCIATION,

**INCORPORATED** 

**Current Principal Place of Business:** 

1948 JOSHUA DRIVE

**CANTONMENT, FL 32533-4533** 

**Current Mailing Address:** 

1948 JOSHUA DRIVE

**CANTONMENT, FL 32533-4533** 

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAVARRO, GARY H 1948 JOSHUA DRIVE CANTONMENT, FL 32533-4533 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

FILED Mar 15, 2013

**Secretary of State** 

CC0153160952

Officer/Director Detail:

TitleDSRATitleDIRECTORNameNAVARRO, GARY HNameZICK, BILL

Address 1948 JOSHUA DRIVE Address 11542 THOUSAND OAKS DR.

City-State-Zip: CANTONMENT FL 32533-4533 City-State-Zip: PENSACOLA FL 32514

Title D Title [

NameMEREDITH, BENNameQUARLES, FRANKAddress136 MENZEL ST.Address5824 PINETREE RD.City-State-Zip:VALPARAISO FL 32580City-State-Zip: PANAMA CITY FL 32404

Title D Title D

Name TRAINOR, BOB Name DRING, STEVE

Address 430 STONEHENGE DR. Address 3090 INDIAN SPRINGS RD.

City-State-Zip: MARY ESTHER FL 32569 City-State-Zip: PANAMA CITY FL 32404

Title DIRECTOR

Name PERCIVAL, ANDY
Address 207 TIFFOR COURT
City-State-Zip: CRESTVIEW FL 32539

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: BILL ZICK DIRECTOR 03/15/2013

Electronic Signature of Signing Officer/Director Detail

Date