

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

DOCUMENT# N12000009613

**FILED**  
**Apr 10, 2013**  
**Secretary of State**  
**CC9053385330**

**Entity Name:** EMERALD COAST THEATRE COMPANY, INC.

**Current Principal Place of Business:**

155 PARADISE POINT LN  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

P.O. BOX 9175  
MIRAMAR BEACH, FL 32550 US

**FEI Number: 80-0858285**

**Certificate of Status Desired: No**

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

FISHER, NATHANAEL  
155 PARADISE POINT LN  
SANTA ROSA BEACH, FL 32459 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 D  
Name FISHER, NATHANAEL  
Address 155 PARADISE POINT LN  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title D  
Name FISHER, ANNA  
Address 155 PARADISE POINT LN  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title D  
Name OGLE, CHRIS  
Address 33 CHERRY LAUREL DRIVE  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title D  
Name HEDDEN, JASON  
Address 200 AUGUSTA RD #206  
City-State-Zip: PANAMA CITY BEACH FL 32407

Title D  
Name HARRIS, MIKE  
Address 122 POINCIANA BLVD  
City-State-Zip: MIRAMAR BEACH FL 32550

*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: NATHANAEL FISHER**

**PRODUCING ARTISTIC  
DIRECTOR**

**04/10/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date