

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709593

FILED
Jun 15, 2009
Secretary of State

Entity Name: EMERALD COAST CONCERT ASSOCIATION, INC.,(ECCA)

Current Principal Place of Business:

P O BOX 815
FORT WALTON BEACH, FL 32579 US

New Principal Place of Business:

128 COUNTRY CLUB RD.
SHALIMAR, FL 32579 US

Current Mailing Address:

P O BOX 815
FORT WALTON BEACH, FL 32579 US

New Mailing Address:

128 COUNTRY CLUB RD.
SHALIMAR, FL 32579 US

FEI Number: 23-7371069 **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:

NEILL, BETTY J
128 COUNTRY CLUB ROAD
SHALIMAR, FL 32579 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: DV () Delete
Name: BELCHER, BECKY
Address: 715 KATHY AVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: DVPM () Delete
Name: BEHNKEN, URSEL
Address: 111 CLIFFORD DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: PD () Delete
Name: KNELLER, SUSAN
Address: 208 CALHOUN AVENUE
City-St-Zip: DESTIN, FL 32541

Title: DT () Delete
Name: NEILL, BETTY J
Address: 128 COUNTRY CLUB RD
City-St-Zip: SHALIMAR, FL 32579

Title: DV () Delete
Name: HURD, GORDON
Address: 1107 S PALM BLVD
City-St-Zip: NICEVILLE, FL 32578

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:

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: BETTY NEILL

MS

06/15/2009

Electronic Signature of Signing Officer or Director

Date