

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000424

FILED
Apr 30, 2009
Secretary of State

Entity Name: EMERALD COASTKEEPER, INC.

Current Principal Place of Business:

316 S. BAYLEN STREET
400
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

316 S. BAYLEN STREET
400
PENSACOLA, FL 32502

New Mailing Address:

FEI Number: 59-3591731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, CAROL G
316 S. BAYLEN STREET
400
PENSACOLA, FL 32502 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: ED () Delete
Name: MOORE, CAROL G
Address: 316 S BAYLEN ST, STE 400
City-St-Zip: PENSACOLA, FL 32502

Title: P () Delete
Name: PAPANTONIO, J MICHAEL
Address: 316 S BAYLEN ST, STE 400
City-St-Zip: PENSACOLA, FL 32502

Title: VP () Delete
Name: BOZEMAN, STEVE
Address: 316 S BAYLEN ST, STE 400
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: EASTLAND, HIRAM
Address: 316 S BAYLEN ST, SUITE 400
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: KIRSCHENFELD, KIM
Address: 13 SEASHORE DR
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D () Delete
Name: JOHNSON, LARRY
Address: 316 S BAYLEN ST, SUITE 400
City-St-Zip: PENSACOLA, FL 32502

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:

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: CAROL G. MOORE

ED

04/30/2009

Electronic Signature of Signing Officer or Director

Date