

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000525

FILED
Apr 22, 2008
Secretary of State

Entity Name: EMERALD COAST COMETS, INC.

Current Principal Place of Business:

956 RUE DE PALMS
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

956 RUE DE PALMS
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-3621658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EUBANKS, JOHNNY M
702 BAYOU VIEW DR
FT WALTON BEACH, FL 32547 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: MR () Delete
Name: STRODE, JEFFREY VP
Address: 956 RUE DE PALMS
City-St-Zip: NICEVILLE, FL 32578

Title: MRS () Delete
Name: STRODE, RHONDA PRES
Address: 956 RUE DE PALMS
City-St-Zip: NICEVILLE, FL 32578

Title: MR () Delete
Name: WATSON, TATE SEC
Address: 45 FLAMINGO DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S (X) Delete
Name: EUBANKS, JOHNNY M TRES
Address: 702 BAYOU VIEW DR
City-St-Zip: FT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MR (X) Change () Addition
Name: EUBANKS, JOHNNY M TRES
Address: 702 BAYOU VIEW DR
City-St-Zip: FT WALTON BEACH, FL 32547

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: JEFFREY L STRODE

VP

04/22/2008

Electronic Signature of Signing Officer or Director

Date