

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002680

FILED
May 01, 2007
Secretary of State

Entity Name: EMERALD COAST CHILDREN'S COMMUNITY THEATRE, INC.

Current Principal Place of Business:

322 HOLMES BLVD
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

315 HOLLY STREET
DESTIN, FL 32541

New Mailing Address:

FEI Number: 94-3394536 **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:

MCARTHUR, PAUL
315 HOLLY STREET
DESTIN, FL 32541 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: D () Delete
Name: MCARTHUR, ANDREA
Address: 4 DEBBIE COURT
City-St-Zip: CHESTER, NY 10918

Title: D () Delete
Name: MCARTHUR, PAUL
Address: 4 DEBBIE COUTY
City-St-Zip: CHESTER, NY 10918

Title: D () Delete
Name: LOALBO, MARIE
Address: 809 JUPITER STREET
City-St-Zip: DESTIN, FL 32541

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

Title: D () Delete
Name: WALKER, CATHERINE M
Address: 315 HOLLY STREET
City-St-Zip: DESTIN, FL 32541 US

Title: D () Delete
Name: DEREK, ROSELY
Address: 212 OLDE POST ROAD
City-St-Zip: NICEVILLE, FL 32578 US

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
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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: CATHERINE M. WALKER

D

05/01/2007

Electronic Signature of Signing Officer or Director

Date