

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002680

FILED  
Apr 07, 2008  
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 (X)**

**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  
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: CATHERINE M. WALKER

DIR

04/07/2008

Electronic Signature of Signing Officer or Director

Date