2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N01000002680

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 04/30/2009

Electronic Signature of Signing Officer or Director — Date