

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000756

FILED
Feb 26, 2009
Secretary of State

Entity Name: EMERALD COAST CORVETTE CLUB, INC.

Current Principal Place of Business:

2801 COUNTRY CLUB DRIVE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

2801 COUNTRY CLUB DRIVE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 04-3622378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDANIEL, GRADY W
2801 COUNTRY CLUB DRIVE
LYNN HAVEN, FL 32444 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: DV () Delete
Name: BUCKLEY, JAMES
Address: 3316 S HARBOUR CIRCLE
City-St-Zip: PANAMA CITY, FL 32405

Title: DS () Delete
Name: WOODHAM, ROBERT
Address: 9618 DAVENPORT AVENUE
City-St-Zip: YOUNGSTOWN, FL 32466

Title: TD () Delete
Name: RYALS, RENEE
Address: 133 CHRISTIE LANE
City-St-Zip: CALLAWAY, FL 32404

Title: PD () Delete
Name: BURCH, WES
Address: 1606 MARYLAND AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: MCDANIEL, GRADY W
Address: 2801 COUNTRY CLUB DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: VANDEVANDER, FRANK
Address: 745 BUDDY DRIVE
City-St-Zip: PANAMA CITY, FL 32404

Title: DV (X) Change () Addition
Name: MCFARLIN, DONALD
Address: 253 N. FOX AVENUE
City-St-Zip: PANAMA CITY, FL 32404

Title: DT (X) Change () Addition
Name: RYALS, RENEE
Address: 2925 PATRICIA ANN LANE
City-St-Zip: PANAMA CITY, FL 32405

Title: DS (X) Change () Addition
Name: BURCH, WES
Address: 1606 MARYLAND AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

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: GRADY W. MCDANIEL

D

02/26/2009

Electronic Signature of Signing Officer or Director

Date