

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02000007062

1. Entity Name

EMERALD COAST FOUNDATION, INC.



Principal Place of Business

14 SW MIRACLE STRIP PARKWAY
FORT WALTON BEACH FL 32548

Mailing Address

14 SW MIRACLE STRIP PARKWAY
FORT WALTON BEACH FL 32548

2. Principal Place of Business

644 D Anchors St.

3. Mailing Address

P.O. Box 1208

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

City & State

Fort Walton Beach, FL

Zip

32548

Country

US

Zip

32549

Country

US

4. FEI Number

55-0796930

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, RENEE C
45 BEAL PARKWAY NE
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name S. RICHARD MARTIN

Street Address (P.O. Box Number is Not Acceptable)

45 BEAL PARKWAY NE

City

Fort Walton Beach

FL

Zip Code

32548

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

9/27/06
DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME TUCKER, ELAINE
STREET ADDRESS 1804 LEWIS TURNER BLVD STE 100
CITY - ST - ZIP FORT WALTON BEACH FL 32548

☒ Delete

TITLE ~~P~~
NAME REINHOLD, JOHN W
STREET ADDRESS 530 DOLPHIN AVENUE
CITY - ST - ZIP FORT WALTON BEACH FL 32548

☐ Delete

TITLE ST
NAME MARSHALL, RENEE L
STREET ADDRESS PO BOX 1600
CITY - ST - ZIP FORT WALTON BEACH FL 32549

☒ Delete

TITLE VP
NAME BRAUNSTIAN, SID
STREET ADDRESS 4301 LEGENDARY DR
CITY - ST - ZIP ARLEY AL 35541

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Executive Director
NAME Cayce Collins
STREET ADDRESS 159 N. 7th St.
CITY - ST - ZIP Santa Rosa Bch, FL 32459

☒ Change ☐ Addition

TITLE PRESIDENT
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ Change ☐ Addition

TITLE TREAS
NAME Richard Martin
STREET ADDRESS 45 Beal Pkwy NE
CITY - ST - ZIP Fort Walton Beach, FL 32548

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cayce Collins

cayce collins

9/6/06

850-360-5255