

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90217 015 ****61.25

DOCUMENT # N02000008619

1. Entity Name
EMERALD COAST WRITERS, INC.



Principal Place of Business
 112 MICHAEL AVE
 FORT WALTON BEACH, FL 32547

Mailing Address
 P.O. BOX 6502
 DESTIN, FL 32550

00014286



2. Principal Place of Business
 2059 Crystal Lake Dr
 Suite, Apt. #, etc.

3. Mailing Address
 PO Box 6502
 Suite, Apt. #, etc.

03282006 Chg-NP CR2E037 (11/05)

City & State
 Sandestin, FL

City & State
 Destin, FL

4. FEI Number
 30-0119687

Applied For
 Not Applicable

Zip
 32550

Country
 Walton

Zip
 32550

Country
 Walton

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCINERNEY, FUSCHSIA
 112 MICHAEL AVE
 FORT WALTON BEACH, FL 32547

7. Name and Address of New Registered Agent

Name Charles Germano
 Street Address (P.O. Box Number is Not Acceptable)
2059 Crystal Lake Dr
 City Sandestin FL Zip Code 32550

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 Charles Germano Charles Germano 4/14/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	P MCINERNEY, FUCHIA 112 MICHAEL AVE FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GERMANO, CHARLES 2059 CRYSTAL LAKE DR SANDESTIN, FL 32550	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TREADWAY, SHERRY 86 RODNEY FREEPORT, FL 32439	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, MARY 4644 PARADISE ISLE DESTIN, FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, DARLENE 829 HOLBROOK CIRCLE FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCOLONGO, SHERRY 1506 23RD STREET NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Germano, Charles 2059 Crystal Lake Dr. Sandestin, FL 32550	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Grafton, Charlene 49 Marina Cove Dr. Apt # 211 Niceville, FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VACANT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Campbell, Jan PO Box 4246 Ft. Walton Bch, Fla 32549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sherron, Gary PO Box 4013 Ft. Walton Beach, FL 32547	<input type="checkbox"/> Change <input type="checkbox"/> 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: Charles Germano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06
Daytime Phone #