



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90044 045 ****61.25

DOCUMENT # N02000008619 1. Entity Name EMERALD COAST WRITERS, INC.					
Principal Place of Business 2059 CRYSTAL LAKES DR MIRAMAR BEACH, FL 32550				Mailing Address POB 6502 DESTIN, FL 32550	
2. Principal Place of Business - No P.O. Box # 2059 Crystal Lake Dr Suite, Apt. #, etc.		3. Mailing Address PO Box 6502 Suite, Apt. #, etc.			
City & State Sandestin FL		City & State Destin, FL		4. FEI Number 30-0119687	
Zip 32550		Country Walton		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent (GERMAN) CHARLES Germano 2059 CRYSTAL LAKE DR MIRAMAR BEACH, FL 32550				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME GERMANS, CHARLES	<input type="checkbox"/> Delete		TITLE P NAME Germano, Charles	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2059 CRYSTAL LAKE DR CITY-ST-ZIP MIRAMAR BEACH, FL 32550			STREET ADDRESS Germano, Charles CITY-ST-ZIP		
TITLE V NAME GRAFTEN, CHARLENE	<input type="checkbox"/> Delete		TITLE VP NAME Grafton (not e)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 47 MARINA COVE DR APT 211 CITY-ST-ZIP NICEVILLE, FL 32578			STREET ADDRESS Grafton (not e) CITY-ST-ZIP		
TITLE T NAME BROWN, MARY	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 4644 PARADISE ISLE CITY-ST-ZIP DESTIN, FL 32541			STREET ADDRESS CITY-ST-ZIP		
TITLE D NAME CAMPBELL, JAN	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS POB 4246 CITY-ST-ZIP FORT WALTON BEACH, FL 32549			STREET ADDRESS CITY-ST-ZIP		
TITLE D NAME SHERROW, GARY	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS POB 4013 CITY-ST-ZIP FORT WALTON BEACH, FL 32547			STREET ADDRESS CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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: Mary C Brown (Mary C. Brown) 4/17/06 850-837-2239 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					