

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90123 047 ****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 PO BOX 6502 DESTIN, FL 32550		
2. Principal Place of Business - No P.O. Box # 434 Cardinal Ave		3. Mailing Address PO Box 6502			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Fort Walton Beach		City & State Destin FL		4. FEI Number 30-0119687	
Zip 32548		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERMAN, CHARLES 2059 CRYSTAL LAKE DR MIRAMAR BEACH, FL 32550		7. Name and Address of New Registered Agent Name: Holland, Joyce Street Address (P.O. Box Number is Not Acceptable): 434 Cardinal Ave 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: <u>Joyce Holland</u> <u>Joyce Holland</u> <u>April 23, 2008</u> <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, 2008		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 GERMANO, CHARLES STREET ADDRESS 2059 CRYSTAL LAKE DR CITY-ST-ZIP MIRAMAR BEACH, FL 32550	<input checked="" type="checkbox"/> Delete		TITLE President NAME Holland, Joyce STREET ADDRESS 434 Cardinal Ave CITY-ST-ZIP Fort Walton Beach FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME GRAFTON, CHARLENE STREET ADDRESS 47 MARINA COVE DR APT 211 CITY-ST-ZIP NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Campbell, Joyce Jan STREET ADDRESS PO Box 4246 CITY-ST-ZIP Ft. Walton Beach FL 32549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME BROWN, MARY STREET ADDRESS 4644 PARADISE ISLE CITY-ST-ZIP DESTIN, FL 32541	<input type="checkbox"/> Delete		TITLE Treasurer NAME Brown, Mary STREET ADDRESS 4644 Paradise Isle CITY-ST-ZIP Destin Fla 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CAMPBELL, JAN STREET ADDRESS POB 4246 CITY-ST-ZIP FORT WALTON BEACH, FL 32549	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME Baroni, Lesley STREET ADDRESS 4591 Scarlet Drive CITY-ST-ZIP Crestview FL 32536	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SHERROW, GARY STREET ADDRESS POB 4013 CITY-ST-ZIP FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Joyce Holland</u> <u>Joyce Holland</u> <u>April 23, 2008</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					