

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008619

FILED
Apr 29, 2009
Secretary of State

Entity Name: EMERALD COAST WRITERS, INC.

Current Principal Place of Business:

434 CARDINAL AVE
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

PO BOX 6502
DESTIN, FL 32550

New Mailing Address:

FEI Number: 30-0119687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLAND, JOYCE
434 CARDINAL AVE
FORT WALTON BEACH, FL 32548 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: P () Delete
Name: HOLLAND, JOYCE
Address: 434 CARDINAL AVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP () Delete
Name: CAMPBELL, JAN
Address: PO BOX 4246
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: T () Delete
Name: BROWN, MARY
Address: 4644 PARADISE ISLE
City-St-Zip: DESTIN, FL 32541

Title: S () Delete
Name: BARONI, LESLEY
Address: 4591 SCARLET DRIVE
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GARDNER, MELITA
Address: 1118 BAYSHORE DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: S (X) Change () Addition
Name: THOMAS, LEE
Address: P.O. BOX 4246
City-St-Zip: FORT WALTON BEACH, FL 32549

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: JAN CAMPBELL

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date