

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000008917

1. Entity Name
EMERALD COAST ARCHAEOLOGY SOCIETY, INC.



Principal Place of Business

**ECAS, INC.
333 PERSIMMON ST.
FREEPORT, FL 32439**

Mailing Address

**ECAS, INC.
333 PERSIMMON ST.
FREEPORT, FL 32439**



01082004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2083669

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LUCAS, BILLY F
BILLY F. LUCAS
333 PERSIMMON ST.
FREEPORT, FL 32439**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCAS, JEAN D 333 PERSIMMON ST. FREEPORT, FL 32439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABOOD, TOMMY 3857 INDIAN TRAIL #403 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LUCAS, BILLY F 333 PERSIMMON ST FREEPORT, FL 32439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NUNNERY, JOYCE C 313 VAUGHN ST FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGEL, ROBERT 1536 BLUE GRASS LN LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000021295
01/29/04-80102-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Jean D. Lucas **Jean D. Lucas**

1/27/04

850-892-3254

Date

Daytime Phone #