


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90104 036 \*\*\*\*61.25

<b>DOCUMENT # N02000008917</b> 1. Entity Name <b>EMERALD COAST ARCHAEOLOGY SOCIETY, INC.</b>					
Principal Place of Business <b>ECAS, INC.</b> <b>333 PERSIMMON ST.</b> <b>FREEPORT, FL 32439</b>			Mailing Address <b>ECAS, INC.</b> <b>333 PERSIMMON ST.</b> <b>FREEPORT, FL 32439</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>54-2083669</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LUCAS, BILLY F</b> <b>BILLY F. LUCAS</b> <b>333 PERSIMMON ST.</b> <b>FREEPORT, FL 32439</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCAS, JEAN D 333 PERSIMMON ST. FREEPORT, FL 32439	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALANZATEGUI, PATRICIA 169 MONAHAN DR FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABOOD, TOMMY 3857 INDIAN TRAIL #403 DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERS, VIRGINIA 115 WINDLAKE COURT NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NUMMERY, JOYCE C 313 VAUGHN ST FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SNOWBALL, ANGELA 349 BROOKS ST SE FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BALANZATEGUI, PATRICIA 169 MONAHAN DR FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUCAS, JEAN D. 333 PERSIMMON ST FREEPORT, FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGEL, ROBERT 1536 BLUE GRASS LN LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAYTON, JACK P.O. BOX 893 NICEVILLE, FL 32588	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b> <u>Jean D. Lucas</u> <u>Jean D. Lucas</u> <u>1/28/07</u> <u>850-897-3754</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					