

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008917

FILED
Mar 08, 2009
Secretary of State

Entity Name: EMERALD COAST ARCHAEOLOGY SOCIETY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

EMERALD COAST ARCHAEOLOGY SOCEITY INC.
139 MIRACLE STRIP PARKWAY SE
FORT WALTON BEACH, FL 32548

Current Mailing Address:

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

New Mailing Address:

EMERALD COAST ARCHAEOLOGY SOCEITY INC.
139 MIRACLE STRIP PARKWAY SE
FORT WALTON BEACH, FL 32548

FEI Number: 54-2083669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCAS, BILLY F
BILLY F. LUCAS
333 PERSIMMON ST.
FREEPORT, FL 32439 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: PD () Delete
Name: BALAJNZATEGUI, PATRICIA
Address: 169 MONAHAN DR
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VD () Delete
Name: PETERS, VIRGINIA B
Address: 115 WNDLAKE CT
City-St-Zip: NICEVILLE, FL 32578

Title: DS () Delete
Name: PRYOR, FRED
Address: 621 W MIRACLE STRIP PKWY
City-St-Zip: MARY ESTHER, FL 32569

Title: TD () Delete
Name: LUCAS, JEAN D
Address: 333 PERSIMMON ST
City-St-Zip: FREEPORT, FL 32439

Title: D () Delete
Name: DAYTON, JACK
Address: PO BOX 893
City-St-Zip: NICEVILLE, FL 32588

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: PRYOR, FRED
Address: 621 WEST MIRACLE PARKWAY
City-St-Zip: MARY ESTER, FL 32569

Title: DS (X) Change () Addition
Name: LUCAS, BILLY F
Address: 333 PERSIMMON STREET
City-St-Zip: FREEPORT, FL 32439

Title: TD (X) Change () Addition
Name: VAUGHAN, JOHN M
Address: 307 ELDREDGE ROSD
City-St-Zip: FORT WALTON BEACH, FL 32547

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

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: JOHN M. VAUGHAN

TD

03/08/2009

Electronic Signature of Signing Officer or Director

Date