2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2007
Secretary of State

DOCUMENT# N03000002990

Entity Name: EMERALD COAST SWIMMING BOOSTER CLUB INC.

Current Principal Place of Business:

204 BUCK DRIVE
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

204 BUCK DRIVE
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 56-2358198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STROM, TRACY
204 BUCK DRIVE
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: S ( ) Delete
Name: KRIST, NORA
Address: 21 KRISTIN CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: T ( ) Delete
Name: PHILLPOTT, GETHYN
Address: 1403 RUMSTILL CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: P ( ) Delete
Name: RUDMAN, WENDY
Address: 42 CINDERELLA LANE NW
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VP (X) Delete
Name: MURPHY-KEARLEY, MARGARET
Address: 3031 ADAMS RD
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: PHILLPOTT, GETHYN
Address: 4211 ALLIGATOR POINT
City-St-Zip: NICEVILLE, FL 32578

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GETHYN PHILLPOTT T 02/03/2007

Electronic Signature of Signing Officer or Director — Date