

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007686

FILED  
Aug 04, 2005  
Secretary of State

Entity Name: EMERALD COAST PARROT HEAD CLUB INC.

## Current Principal Place of Business:

229 CREST DR.  
DESTIN, FL 32550 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 5052  
DESTIN, FL 32550 US

## New Mailing Address:

FEI Number: 30-0207468      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

SCHNEIDER, MICHAEL A  
229 CREST DR.  
DESTIN, FL 32550 US

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: SCHNEIDER, MICHAEL A  
Address: 229 CREST DR.  
City-St-Zip: DESTIN, FL 32550 US

Title: VP ( ) Delete  
Name: MCCARTHY, KAREN  
Address: 160 JACKSON'S RUN #F8  
City-St-Zip: SANTA ROSA BEACH, FL 32550 US

Title: TREA ( ) Delete  
Name: SCHNEIDER, SHERRY  
Address: 229 CREST DR.  
City-St-Zip: DESTIN, FL 32550 US

Title: SEC ( ) Delete  
Name: PHILLIPS, LINDA  
Address: 365 WALTON WAY  
City-St-Zip: DESTIN, FL 32550 US

Title: M@L ( ) Delete  
Name: FENTON, JAMES  
Address: 1699 RACoon TRAIL  
City-St-Zip: NICEVILLE, FL 32578 US

Title: M@L ( ) Delete  
Name: WOOLMAN, PAUL  
Address: 709 ST. CROIX COVE  
City-St-Zip: NICEVILLE, FL 32578 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WOOLMAN, PAUL  
Address: 709 ST. CROIX COVE  
City-St-Zip: NICEVILLE, FL 32578 US

Title: VP (X) Change ( ) Addition  
Name: BOB, BIEL  
Address: 208 TWIN LAKES LN.  
City-St-Zip: DESTIN, FL 32541 US

Title: M@L (X) Change ( ) Addition  
Name: SCHNEIDER, SHERRY  
Address: 229 CREST DR.  
City-St-Zip: DESTIN, FL 32550 US

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

Title: M@L (X) Change ( ) Addition  
Name: MURPHY, SHARON  
Address: 705 ST. CROIX COVE  
City-St-Zip: NICEVILLE, FL 32578 US

Title: M@L (X) Change ( ) Addition  
Name: WOOLMAN, DEBBIE  
Address: 709 ST. CROIX COVE  
City-St-Zip: NICEVILLE, FL 32578 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL A. SCHNEIDER

PP

08/04/2005

Electronic Signature of Signing Officer or Director

Date