

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90178 044 ****61.25

DOCUMENT # N03000007686

1. Entity Name
EMERALD COAST PARROT HEAD CLUB INC.



Principal Place of Business
**229 CREST DR.
DESTIN, FL 32550 US**

Mailing Address
**P.O. BOX 5052
DESTIN, FL 32550 US**

40085007



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
30-0207468

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WOOLMAN, PAUL	
STREET ADDRESS	709 ST. CROIX COVE	
CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TROTTER, CAREY	
STREET ADDRESS	611 CHOCTAW DR.	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	M@L	<input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, SHERRY	
STREET ADDRESS	229 CREST DR.	
CITY-ST-ZIP	DESTIN, FL 32550	
TITLE	M@L	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, LINDA	
STREET ADDRESS	365 WALTON WAY	
CITY-ST-ZIP	DESTIN, FL 32550	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, SHARON	
STREET ADDRESS	705 ST. CROIX COVE	
CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	M@L	<input checked="" type="checkbox"/> Delete
NAME	WOOLMAN, DEBBIE	
STREET ADDRESS	709 ST. CROIX COVE	
CITY-ST-ZIP	NICEVILLE, FL 32578	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTLEDGE, DIANE	
STREET ADDRESS	9294 VANDIVERE DRIVE	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, CINDY	
STREET ADDRESS	3005 Kensington Gt	
CITY-ST-ZIP	Crestview, FL 32539	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILL, TOMMY	
STREET ADDRESS	217-C MIRACLE STRIP PKWY. SW	
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548	
TITLE	M@L	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JURSEN, JESSIE	
STREET ADDRESS	3421 Melissa lane	
CITY-ST-ZIP	Crestview, FL 32539	
TITLE	M@L	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENE, JEANNIE	
STREET ADDRESS	719 BEACH DR.	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	M@L	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, ROSS	
STREET ADDRESS	1309 QUAIL LAKE BLVD.	
CITY-ST-ZIP	DESTIN, FL 32541	

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.

SIGNATURE:

Tommy L. Gill **TOMMY L. GILL**

4/25/07

850-243-8877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #