

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007686

FILED  
Apr 27, 2008  
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 ( )

## Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL A  
229 CREST DR.  
DESTIN, FL 32550 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: P ( ) Delete  
Name: RUTLEDGE, DIANE  
Address: 9294 VANDIVERE DRIVE  
City-St-Zip: NAVARRE, FL 32566 US

Title: S ( ) Delete  
Name: COOK, CINDY  
Address: 3005 KENSINGTON GT  
City-St-Zip: CRESTVIEW, FL 32539 US

Title: T ( ) Delete  
Name: GILL, TOMMY  
Address: 217-C MIRACLE STRIP PKWY SW  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: D ( ) Delete  
Name: SUNSON, JOSIE  
Address: 3421 MELISSA LANE  
City-St-Zip: CRESTVIEW, FL 32539 US

Title: D (X) Delete  
Name: GREENE, JEANNIE  
Address: 719 BEACH DR.  
City-St-Zip: DESTIN, FL 32541 US

Title: D (X) Delete  
Name: GRAY, RUSS  
Address: 1209 QUAIL LAKE BLVD  
City-St-Zip: DESTIN, FL 32541 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: RUTLEDGE, DIANE  
Address: 9294 VANDIVERE DRIVE  
City-St-Zip: NAVARRE, FL 32566 US

Title: P (X) Change ( ) Addition  
Name: BARGER, JENKINS  
Address: P.O. BOX 5052  
City-St-Zip: DESTIN, FL 32550 US

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

Title: S (X) Change ( ) Addition  
Name: GREENE, JEANNIE  
Address: P.O. BOX 5052  
City-St-Zip: DESTIN, FL 32550

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 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: TOMMY GILL

TRES

04/27/2008

Electronic Signature of Signing Officer or Director

Date