

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000617

FILED
Mar 31, 2006
Secretary of State

Entity Name: EMERALD COAST REEF ASSOCIATION INC.

Current Principal Place of Business:

1781 UNION AVE
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

1781 UNION AVE
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 20-0622053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARSONS, GARY H
1781 UNION AVE
NICEVILLE, FL 32578 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: DIR () Delete
Name: SMITH, JASON T
Address: 17830 FOSTERS RD
City-St-Zip: MOSS POINT, MS 39562 US

Title: DIR () Delete
Name: DAVIS, GLENN M
Address: 204 WALKER CIRCLE W
City-St-Zip: CRESTVIEW, FL 32539 US

Title: PRES () Delete
Name: PARSONS, GARY H
Address: 1781 UNION AVE
City-St-Zip: NICEVILLE, FL 32578 US

Title: TREA () Delete
Name: CROSBY, KENNETH A
Address: 1239 CHANTILLY CIRCLE
City-St-Zip: NICEVILLE, FL 32578 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: HANSARD, STONE
Address: 3 QUAIL TRAIL
City-St-Zip: VALPARAISO, FL 32580 US

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

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: GARY H PARSONS

PRES

03/31/2006

Electronic Signature of Signing Officer or Director

Date