

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90085 004 ****70.00

DOCUMENT # N04000004056

1. Entity Name

EMERALD COAST WOODTURNING GUILD, INC.



Principal Place of Business

P.O. BOX 1136
FREEPORT FL 32439

Mailing Address

P.O. BOX 1136
FREEPORT FL 32439

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

74-3096472

Applied For

Not Applicable

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

KRAEMER, MARY K
35 CLAYTON LN
SANTA ROSA BCH FL 32459

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME FERREIRA, MANUEL R ☐ Delete
STREET ADDRESS 245 EMERALD RIDGE
CITY-ST-ZIP SANTA ROSA BCH FL 32459

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☒ Delete
NAME NETTLES, EARNEST
STREET ADDRESS P.O. BOX 97
CITY-ST-ZIP FREEPORT FL 32439

TITLE ☐ Change ☐ Addition
NAME DV Wishart, Ray
STREET ADDRESS 925 E Pierson Dr
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE DV ☐ Delete
NAME STOKES, JAMES
STREET ADDRESS 1621 CLAYTON RD
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☒ Delete
NAME WISHART, RAY
STREET ADDRESS 925 E PIERSON DR
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ Change ☐ Addition
NAME DT Griffin, Howard
STREET ADDRESS 1436 Baytowne Circle E
CITY-ST-ZIP Miramar Beach FL 32550

TITLE DS ☒ Delete
NAME LOFTON, WAYNE
STREET ADDRESS 245 SEA BREEZE CIR
CITY-ST-ZIP PANAMA CITY BCH FL 32413

TITLE ☐ Change ☐ Addition
NAME DS Toon, Owen
STREET ADDRESS 7526 Old Mill Road
CITY-ST-ZIP Southport FL 32409

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Manuel R. Ferreira Pres. Manuel R. Ferreira Pres 2/14/2006 1850-622-0942