

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004056

FILED
Jan 20, 2009
Secretary of State

Entity Name: EMERALD COAST WOODTURNING GUILD, INC.

Current Principal Place of Business:

P.O.BOX 1136
FREEPORT, FL 32439

New Principal Place of Business:

4975 US HWY 331 S.
DEFUNIAK SPRINGS, FL 32435

Current Mailing Address:

P.O.BOX 1136
FREEPORT, FL 32439

New Mailing Address:

FEI Number: 74-3096472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KRAEMER, MARY K
35 CLAYTON LN
SANTA ROSA BCH, FL 32459 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: DP () Delete
Name: WARD, CHARLES
Address: 5729 ROCK HILL RD
City-St-Zip: PONCE DE LEON, FL 32455

Title: DV () Delete
Name: WYBLE, XELLE
Address: 255 WEST ARM DR
City-St-Zip: WEWAHITCHKA, FL 32465

Title: DV () Delete
Name: DRURY, JOHN
Address: 1114 E. JOHN SLMS PKY. PMB 273
City-St-Zip: NICEVILLE, FL 32578

Title: DT () Delete
Name: NALL, BILL
Address: 4975 US HWY 331 S
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: DS () Delete
Name: WISHART, RAY
Address: 925 E. PIERSON DR.
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: NETTLES, ERNEST
Address: P.O. BOX 97
City-St-Zip: FREEPORT, FL 32439

Title: DV (X) Change () Addition
Name: NEILSON, JAMES D
Address: 740 HARBOR BLVD.
City-St-Zip: DESTIN, FL 32541

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

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

Title: DS (X) Change () Addition
Name: CHRISTOPHER, AL
Address: 9950 HWY 98 W.
City-St-Zip: DESTIN, FL 32541

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: BILL NALL

DT

01/20/2009

Electronic Signature of Signing Officer or Director

Date