## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000009355

FILED Mar 06, 2006 Secretary of State

Entity Name: THE ESTATE PLANNING COUNCIL OF THE EMERALD COAST, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4400 E. HWY 20 P.O. BOX 6556 SUITE 211 DESTIN, FL 32550 NICEVILLE, FL 32578 **New Mailing Address: Current Mailing Address:** 4400 E. HWY 20 P.O. BOX 6556 SUITE 211 DESTIN, FL 32550 NICEVILLE, FL 32578 FEI Number: 20-1477697 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HAVENS, JASON E HAVENS, JASON E 1223 AIRPORT ROAD 4400 EAST HIGHWAY 20 SUITE 101 SUITE 211 NICEVILLE, FL 32578 US DESTIN, FL 32541 US 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: JASON E. HAVENS 03/06/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BARTON, DAVID E Name: Name: 1217 AIRPORT ROAD SUIT 417 Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HAVENS, JASON E Name: Address: 4400 E. HWY 20. SUITE 211 Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: Title: () Delete Title: () Change () Addition MULDOWNEY, DEANNA L Name: Name: 4460 LEGENDARY DR SUITE 100 Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: WEATHERS, PAMELA S Name: 4460 LEGENDARY DR SUITE 100 Address: Address: City-St-Zip: DESTIN, FL 32541 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: JASON E. HAVENS P/D 03/06/2006