2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N05000001963

Entity Name: EMERALD COAST BUSINESS WOMENS' ASSOCIATION, INC.

Current Principal Place of Business:

519 GRACE AVE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

653 W. 23RD STREET
#209
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 56-2501532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINTRODE, JENNIFER A
519 GRACE AVE
PANAMA CITY, FL 32401 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: GARDNER, CYNTHIA
Address: 107 W 19TH STREET
City-St-Zip: PANAMA CITY, FL 32405 US

Title: PELE ( ) Delete
Name: CHEESBRO, NICOLE
Address: 2315 S HIGHWAY 77
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: S ( ) Delete
Name: GODWIN, CHRIS
Address: 1407 BAYVIEW AVE
City-St-Zip: PANAMA CITY, FL 32401 US

Title: TR ( ) Delete
Name: HATE, HEATHER
Address: 2424 B JENKS AVE
City-St-Zip: PANAMA CITY, FL 32405 US

Title: D ( ) Delete
Name: SCRUGGS, ANN
Address: 17749 ASHLEY DRIVE, SUITE B
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

Title: D ( ) Delete
Name: CLAGETT, SUZY
Address: 1316 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32401 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHEESBRO, NICOLE
Address: 2315 S HWY 77
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: PELE (X) Change ( ) Addition
Name: WILLIAMS, VICTORIA
Address: 1038 JENKS AVENUE
City-St-Zip: PANAMA CITY, FL 32401 US

Title: TR (X) Change ( ) Addition
Name: HENKLE, MARGARET R
Address: 3907 PETERS DRIVE
City-St-Zip: PANAMA CITY, FL 32405 US

Title: D (X) Change ( ) Addition
Name: WINTRODE, JENNIFER
Address: 519 GRACE AVENUE
City-St-Zip: PANAMA CITY, FL 32401 US

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: MARGARET R HENKLE TR 04/23/2009

Electronic Signature of Signing Officer or Director — Date