

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001963

FILED  
Jun 25, 2012  
Secretary of State

**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  
Name: JOHNSON, PAMELA  
Address: 1110 RHODE ISLAND AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: VP  
Name: REALE, JENNIFER  
Address: 2500 MLK BLVD  
City-St-Zip: PANAMA CITY, FL 32405 US

Title: TR  
Name: ADAMS, LAUREE  
Address: 6429 ZINNIA STREET  
City-St-Zip: PANAMA CITY, FL 32404 US

Title: S  
Name: BURLESON, MORGAN  
Address: 1800 SCARLET BLVD  
City-St-Zip: LYNN HAVEN, FL 32444 US

I hereby 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 all other like empowered.

SIGNATURE: LAUREE ADAMS

TR

06/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date