## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000007765

FILED Mar 20, 2009 Secretary of State

Entity Name: THE BOYS & GIRLS CLUBS OF THE EMERALD COAST FOUNDATION, INC.

Current Pi	rincipal Place	e of Business:	New Prir	New Principal Place of Business:			
923 DENTO FT WALTO	ON BLVD DN BEACH, FI	L 325471652		923 DENTON BLVD NW FT WALTON BEACH, FL 32547			
Current M	ailing Addres	ss:	New Mai	New Mailing Address:			
923 DENTON BLVD FT WALTON BEACH, FL 325471652				923 DENTON BLVD NW FT WALTON BEACH, FL 32547			
FEI Number:	20-3301329	FEI Number Applied For ( )	FEI Number Not Ap	plicable ( )	Certificate of Status Desired ( )	)	
Name and	Address of (	Current Registered Agent:	Name an	d Address	of New Registered Agent:		
923 DENT(	CRAWFORD Y ON BLVD LTON BEACH		923 DEN	HENLEY, CRAWFORD W 923 DENTON BLVD NW FORT WALTON BEACH, FL 32547 US			
	named entity e of Florida.	submits this statement for the	purpose of changing	ı its registere	ed office or registered agent, or b	oth,	
SIGNATUF	RE:			03/20/2009			
	Electron	nic Signature of Registered A	gent		Date		
OFFICERS	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CRAUL, BRUC	ARY DR SUITE 200	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	DILLMAN, WÎL 6 C HOLLYWC		Title: Name: Address: City-St-Zip:	C DILLMAN, 913 N. BE/ FORT WAI			
Title: Name: Address: City-St-Zip:	HUDGENS, BO 111 SE BEAL F		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	PAULSEN, JOH	NS DR E, SUITE 110	Title: Name: Address: City-St-Zip:	TD NULTY, MI PO BOX 2 FORT WAI			
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:		( ) Change (X) Addition FRANK ACETRACK RD. LTON BEACH, FL 32547		
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:		ERALD COAST PKWY SUTIE 6102		

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: CRAWFORD W. HENLEY CPO 03/20/2009 Date