

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011144

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** EMERALD COAST PUBLIC RELATIONS FOUNDATION, INC.

**Current Principal Place of Business:**

PO BOX 4483  
FORT WALTON BEACH, FL 32549

**New Principal Place of Business:**

35008 EMERALD COAST PARKWAY  
STE 202  
DESTIN, FL 32541

**Current Mailing Address:**

PO BOX 4483  
FORT WALTON BEACH, FL 32549

**New Mailing Address:**

**FEI Number:** 20-3821080      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KILPATRICK, WILLIAM G JR  
35008 EMERALD COAST PARKWAY STE 202  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

KILPATRICK, WILLIAM G JR  
35008 EMERALD COAST PARKWAY  
STE 202  
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: \_\_\_\_\_

05/01/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PURKA, JOE  
Address: PO BOX 4483  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: DS ( ) Delete  
Name: HARLOW, SHERRY  
Address: PO BOX 4483  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: DT ( ) Delete  
Name: BATY, AMY  
Address: PO BOX 4483  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: DC ( ) Delete  
Name: MCDANIEL, TAMMY  
Address: PO BOX 4483  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: D ( ) Delete  
Name: DUTTON, JEAN  
Address: PO BOX 4483  
City-St-Zip: FORT WALTON BEACH, FL 32549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: BOBBY R.BESS JR.

DT

05/01/2007

Electronic Signature of Signing Officer or Director

Date