


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90041 038 ****70.00

DOCUMENT # N05000011740 1. Entity Name EMERALD COAST PUBLIC RELATIONS ORGANIZATION, INC.					
Principal Place of Business P.O. BOX 4483 FORT WALTON BEACH, FL 32549			Mailing Address P.O. BOX 4483 FORT WALTON BEACH, FL 32549		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent KILPATRICK, WILLIAM G JR. 35008 EMERALD COAST PARKWAY SUITE 202 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVENPORT, RONDA <input checked="" type="checkbox"/> Delete P.O. BOX 4483 FORT WALTON BEACH, FL 32549				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOAN, RACHAEL <input checked="" type="checkbox"/> Delete P.O. BOX 4483 FORT WALTON BEACH, FL 32549				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDANIEL, TAMMY <input type="checkbox"/> Delete P.O. BOX 4483 FORT WALTON BEACH, FL 32549				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PURKA, JOE <input checked="" type="checkbox"/> Delete P.O. BOX 4483 FORT WALTON BEACH, FL 32549				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRM MCLAUGHLIN, SABRINA <input type="checkbox"/> Delete P.O. BOX 4483 FORT WALTON BEACH, FL 32549				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DMEM DUTTON, JEAN <input type="checkbox"/> Delete P.O. BOX 4483 FORT WALTON BEACH, FL 32549				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Purka, Joe <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 4483 Ft Walton Beach, FL 32549				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Baty, Amy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 4483 Fort Walton Beach, FL 32549				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Amy Baty</i> VD 8-4-06 (950)499-8335 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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08022006 Chg-NP CR2E037 (4/06)

4. FEI Number **58-5149881** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**