

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012376

FILED
Apr 28, 2009
Secretary of State

Entity Name: EMERALD COAST REALTORS FOUNDATION, INC.

Current Principal Place of Business:

10 SE HOLLYWOOD BLVD.
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

10 SE HOLLYWOOD BLVD.
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 20-3729593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAFFORD, BARRY
10 HOLLYWOOD BLVD SE
FORT WALTON BEACH, FL 32548 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: D () Delete
Name: STAFFORD, BARRY
Address: 10 SE HOLLYWOOD BLVD.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: HUDGENS, ROBERT
Address: 111 BEAL PKWY. SE
City-St-Zip: FORT WALTON BEACH, FL 325484947

Title: D () Delete
Name: HICKENBOTHAM, RICHARD
Address: 144 MARY ESTHER BLVD., #16
City-St-Zip: MARY ESTHER, FL 32569

Title: D () Delete
Name: KELLY, KERRY
Address: 180 WYNNHAVEN ROAD
City-St-Zip: MARY ESTHER, FL 32589

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:

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: BARRY STAFFORD

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date