

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 23, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # N05000012581**

1. Entity Name  
**EMERALD COAST CHORALE, INC.**



Principal Place of Business  
**3405 ORMOND AVE  
PANAMA CITY, FL 32405**

Mailing Address  
**3405 ORMOND AVE  
PANAMA CITY, FL 32405**



02072007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4627482**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HOUSE, JULIA  
3405 ORMOND AVE  
PANAMA CITY, FL 32405**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HOUSE, JULIA K
STREET ADDRESS	3405 ORMOND AVE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	LANGSTON, JOHN F
STREET ADDRESS	508 PARKWOOD DR
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	BARNES, ERROL H
STREET ADDRESS	2709 STATE AVE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	WARNBERG, HARRY E
STREET ADDRESS	1305 FLORIDA AVE
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D
NAME	AUSCHNEIDER, SASHA L
STREET ADDRESS	6713 BEACH DR
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	D
NAME	BARNES, M. JEAN
STREET ADDRESS	2709 STATE AVE
CITY-ST-ZIP	PANAMA CITY, FL 32405

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03/06/07-80022-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

*Errol H. Barnes* **ERROL H. BARNES** 07 FEB 07 850-914-9040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #