

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90053 019 ****61.25

DOCUMENT # N06000000754

1. Entity Name
**EMERALD COAST SPEARFISHING CLUB,
INCORPORATED**



Principal Place of Business
**5030 W HWY 98
PANAMA CITY, FL 32405**

Mailing Address
**5030 W HWY 98
PANAMA CITY, FL 32405**

400230000



2. Principal Place of Business - No P.O. Box #
109 B W. 23rd Street
Suite, Apt. #, etc.

3. Mailing Address
109 B W. 23rd Street
Suite, Apt. #, etc.

01062007 Chg-NP CR2E037 (12/06)

City & State
PANAMA City, Florida
Zip
32405
Country
USA

City & State
PANAMA City, Florida
Zip
32405
Country
USA

4. FEI Number
20-4192494
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLS, JOHN M JR
3413 PRETTY BAYOU CT
PANAMA CITY, FL 32405**

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 **John M. Mills Jr.** **John M. Mills, Jr.** **02/17/2007**
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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SURBER, JAMES A 4321 BRANNON RD PANAMA CITY, FL 32404 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SMITH, JEFFREY D 6702 LANCE ST PANAMA CITY, FL 32404 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MILLS, JOHN M JR 3413 PRETTY BAYOU CT PANAMA CITY, FL 32405 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TURNER, ROBERT N 1621 HOPE CIR PANAMA CITY BEACH, FL 32407 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Stanley E Dunagin 4004 Ocean Street Panama City Beach, Florida 32408 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST Mills, John M Jr. 3413 Pretty Bayou Ct. Panama City, Florida 32405 <input checked="" 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 | TD Pam D. Smith 6702 Lance St. Panama City, Florida 32404 <input type="checkbox"/> Change <input checked="" 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: **John M. Mills Jr.** **John M. Mills, Jr.** **02/17/2007** **850-624-7670**
Signature and typed or printed name of signing officer or director Date Daytime Phone #