## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # N06000000759 03-13-2007 90018 031 \*\*\*\*61.25 EMERALD COAST REGION 1 WRECK ASSOCIATION, INCORPORATED Principal Place of Business Mailing Address 114 KIPLING DR 114 KIPLING DR CRESTVIEW, FL 32539 CRESTVIEW, FL 32539 2. Principal Place of Business - No P.O. Box # 9759 Fowled Ave 3. Mailing Address 9759 FOWLER AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 01262007 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For VENSACO Not Applicable Country \$8.75 Additional 2534 5. Certificate of Status Desired USA U.SA Fee Required 6. Name and Address of Current Registered Agent Name KUPFER, RICHARD J .--114 KIPLING DR Street Address (E CRESTVIEW, FL 32539 City 732534 PENSACOLA 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. AVARRO, DIFECTOR SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. 5/RANANAGO TOTALE Addition ☐ Delete TITLE ☐ Change NAME NAME 9754 FOWER AVE STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32534 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete **⊠** Addition ☐ Change JACK N. STOAKES NAME NAME 1104 TRENTON DRIVE PENSNEULA, FL 32505 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition BEN MEREDITH NAME NAME MENZEL ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AlARAISO, FL 32580 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change **S**Addition JAMES KNESE 826 ST. KITTS COVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NICEVILLE FL 32178 IIILE IIILE ☐ Delete **Addition** ☐ Change BOB MURCH 1/16 BRATFORD CIR. YNN HAVEN, FL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MIF **₩** Addition KEN SMITH ZOOS GERA TO LANK LYNN HAVEN FL 32444 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the recei changed, or on an attachmen

ARLO

SIGNATURE:

FILED

Mar 13, 2007 8:00 am

F50.7121699