2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N06000001545

Entity Name: UNITED STATES LIFESAVING ASSOCIATION EMERALD COAST CHAPTER, INC.

Current Principal Place of Business:

209 CHASE RUN
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

209 CHASE RUN
DESTIN, FL 32550

New Mailing Address:

FEI Number: 26-2395032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHEYD, JOSEPH M JR
1221 AIRPORT ROAD
SUITE 209
DESTIN, FL 32541 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: P ( ) Delete
Name: WISE, GARY
Address: 209 CHASE RUN
City-St-Zip: DESTIN, FL 32541

Title: V ( ) Delete
Name: O'AGOSTINO, JOSEPH
Address: 848 AIRPORT RD
City-St-Zip: DESTIN, FL 32541

Title: SEC ( ) Delete
Name: MEADOWS, DAVE
Address: #9 GIPSON PLACE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: T ( ) Delete
Name: VOUSE, TRACEY
Address: 611TH AVE STE G-1
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: WEST, BOB
Address: 1 VIA DE LUNA DR
City-St-Zip: PENSACOLA BEACH, FL 32562

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: VAUSE, TRACEY
Address: 611TH AVE STE G-1
City-St-Zip: SHALIMAR, FL 32579

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: TRACEY VAUSE T 03/30/2009

Electronic Signature of Signing Officer or Director — Date