

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004508

FILED
Mar 24, 2008
Secretary of State

Entity Name: EMERALD COAST CRISIS OUTREACH CORP

Current Principal Place of Business:

2708 WOODMERE DR
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

2708 WOODMERE DR
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUCIER, JOHN S
2708 WOODMERE DR
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

SAUCIER, KATHERINE D
2708 WOODMERE DR
PANAMA CITY, FL 32405 US

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: KATHERINE D SAUCIER

03/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAUCIER, KATHERINE D
Address: 2708 WOODMERE DR
City-St-Zip: PANAMA CITY, FL 32405

Title: VP (X) Delete
Name: SAUCIER, JOHN S
Address: 2708 WOODMERE DR
City-St-Zip: PANAMA CITY, FL 32405

Title: T () Delete
Name: POTTER, KIMBERLEE D
Address: 2106 NORMANDY DR
City-St-Zip: MT DORA, FL 32575

Title: 2VP (X) Delete
Name: SAUCIER, ANDREW M
Address: 5056 EASY ST
City-St-Zip: TALLAHASSEE, FL 32303

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: KATHERINE SAUCIER

P

03/24/2008

Electronic Signature of Signing Officer or Director

Date