

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90027 016 ****61.25

DOCUMENT # N06000004611			
1. Entity Name EMERALD COAST PRIDE, INC.			
Principal Place of Business 2310 S HWY 77 SUITE 110 LYNN HAVEN, FL 32444		Mailing Address 6344 KNOLLWOOD ST. YOUNGSTOWN, FL 32466	
2. Principal Place of Business - No P.O. Box # 6344 Knollwood Street		3. Mailing Address PO Box 1391	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Youngstown, FL		City & State Lynn Haven, FL	
Zip 32466		Zip 32444	
Country		Country	
4. FEI Number 77-0662334		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENE, MICHAEL R 2310 S HWY 77 SUITE 110 LYNN HAVEN, FL 32444		7. Name and Address of New Registered Agent Name Michael Greene Street Address (P.O. Box Number is Not Acceptable) 6344 Knollwood Street City Youngstown FL Zip Code 32466	
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 <i>Michael Greene</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		11/5/08 <small>(NOTE: Registered Agent signature required when reappointing) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PRES NAME GREENE, MICHAEL R STREET ADDRESS PO BOX 1391 CITY-ST-ZIP LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SEC NAME DEMKOWSKI, RON STREET ADDRESS 136 JENKS CIRCLE CITY-ST-ZIP PANAMA CITY, FL 32405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TRES NAME MORTON, GERRY STREET ADDRESS 6344 KNOLLWOOD STREET CITY-ST-ZIP YOUNGSTOWN, FL 32466	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <i>Gerrard Morton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		11/5/08 (850) 774-4802 <small>Date Daytime Phone #</small>	