

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004611

FILED
Apr 26, 2009
Secretary of State

Entity Name: EMERALD COAST PRIDE, INC.

Current Principal Place of Business:

6344 KNOLLWOOD ST
YOUNGSTOWN, FL 32466

New Principal Place of Business:

Current Mailing Address:

POB 1391
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 77-0662334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, MICHAEL R
6344 KNOLLWOOD ST
YOUNGSTOWN, FL 32466 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: PRES () Delete
Name: GREENE, MICHAEL R
Address: PO BOX 1391
City-St-Zip: LYNN HAVEN, FL 32444

Title: SEC () Delete
Name: DEMKOWSKI, RON
Address: 136 JENKS CIRCLE
City-St-Zip: PANAMA CITY, FL 32405

Title: TRES () Delete
Name: MORTON, GERRY
Address: 6344 KNOLLWOOD STREET
City-St-Zip: YOUNGSTOWN, FL 32466

Title: VD () Delete
Name: ROSENBERGER, LYNN
Address: 7305 MILLER RD
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC (X) Change () Addition
Name: MORTON, GERRY
Address: PO BOX 1391
City-St-Zip: LYNN HAVEN, FL 32444

Title: TRES (X) Change () Addition
Name: GREEN, TERRY
Address: PO BOX 1391
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD (X) Change () Addition
Name: GARRETT, SHANNON
Address: PO BOX 1391
City-St-Zip: LYNN HAVEN, FL 32444

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: MICHAEL R GREENE

PRES

04/26/2009

Electronic Signature of Signing Officer or Director

Date