

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012213

FILED  
Feb 24, 2012  
Secretary of State

**Entity Name:** EMERALD COAST BUSINESS LEADERSHIP NETWORK INC.

**Current Principal Place of Business:**

KELLY SERVICES  
1500 FREEDOM SELF STORAGE RD., STE. 4  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

KELLY SERVICES  
1500 FREEDOM SELF STORAGE RD., STE. 4  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 32-0193103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAINTER, MEREDITH R D  
KELLY SERVICES  
1500 FREEDOM SELF STORAGE RD., STE. 4  
FORT WALTON BEACH, FL 32547 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:** D  
**Name:** WINDES, TAYLOR  
**Address:** 331 STAHLMAN AVE.  
**City-St-Zip:** DESTIN, FL 32541

**Title:** D  
**Name:** WALLER, GAIL  
**Address:** 511 KUMQUAT AVE.  
**City-St-Zip:** NICEVILLE, FL 32578

**Title:** D  
**Name:** OZBIRN, SUSAN  
**Address:** 20 PALMETTO DRIVE  
**City-St-Zip:** MARY ESTHER, FL 32569

**Title:** D  
**Name:** MALLORY, KEN  
**Address:** 571 ROUGH LEAF LANE  
**City-St-Zip:** MARY ESTHER, FL 32569

**Title:** D  
**Name:** SCOTT, SHEILA  
**Address:** 108 COUNTRY CLUB DRIVE  
**City-St-Zip:** SHALIMAR, FL 32597

**Title:** D  
**Name:** ROSS, JENNIFER  
**Address:** 15017 EMERALD COAST PKWY.  
**City-St-Zip:** DESTIN, FL 32541

I hereby 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 all other like empowered.

**SIGNATURE:** MEREDITH R. PAINTER

MRS.

02/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date