

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 03, 2007
Secretary of State**

DOCUMENT# N06000012379

Entity Name: EMERALD COAST JEWISH COMMUNITY, INC.

Current Principal Place of Business:

1719 SOUTH COUNTY HIGHWAY 393
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

PO BOX 1274
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-5707871 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SACHS, COLLEEN C ESQ
CHESSER & BARR PA
1719 SOUTH COUNTY HIGHWAY 393
SANTA ROSA BEACH, FL 32459 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEINER, STEVE
Address: PO BOX 611479
City-St-Zip: ROSEMARY BEACH, FL 32461

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

Title: D () Delete
Name: ROVNER, MELISSA
Address: PO BOX 4635
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

Title: D () Delete
Name: FALKENBURG, CAROLINE
Address: 60 ALLIGATOR COVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D (X) Change () Addition
Name: ROVNER, DAVID R
Address: PO BOX 4635
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: DAVID ROVNER

D

05/03/2007

Electronic Signature of Signing Officer or Director

_____ Date