

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005064

FILED
Jan 17, 2009
Secretary of State

Entity Name: EMERALD COAST EXCHANGE CORPORATION

Current Principal Place of Business:

120 W. HAMPTON CT.
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

120 W. HAMPTON CT.
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 26-2998231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOOMAW, WILLIAM E.
120 W. HAMPTON CT.
NICEVILLE, FL 32578 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: P () Delete
Name: HELMS, KAREN
Address: P.O. BOX 1052
City-St-Zip: MARY ESTHER, FL 32569

Title: P () Delete
Name: SAPP, SHANNON
Address: 50 MARLBOROUGH ROAD
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: JIMMERSON, MIKE
Address: 4 FENNY RD. NE
City-St-Zip: FT. WALTON BEACH, FL 32569

Title: S () Delete
Name: MOOMAW, WILLIAM
Address: 120 W. HAMPTON CT.
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: DEEP, JOHN
Address: 12 PEBBLE BEACH DR.
City-St-Zip: SHALIMAR, FL 32579

Title: T () Delete
Name: MOOMAW, JANET E
Address: 120 W. HAMPTON CT.
City-St-Zip: NICEVILLE, FL 32578 US

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
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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: WILLIAM E. MOOMAW

S

01/17/2009

Electronic Signature of Signing Officer or Director

Date