

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003817

FILED
Feb 09, 2009
Secretary of State

Entity Name: EMERALD COAST LIGHTHOUSE FOR THE BLIND, INC.

Current Principal Place of Business:

1744 FOX ROAD
PENSACOLA, FL 32503

New Principal Place of Business:

1744 FOX ROAD
PENSACOLA, FL 32503 US

Current Mailing Address:

1744 FOX ROAD
PENSACOLA, FL 32503

New Mailing Address:

1744 FOX ROAD
PENSACOLA, FL 32503 US

FEI Number: 36-4627068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEIL, OWEN
4712 W FAIRFIELD DR
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

NEIL, OWEN
1744FOXROAD
PENSACOLA, FL 32503 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:

02/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIRE () Change (X) Addition
Name: FEYSA, PETER M
Address: 1744 FOX ROAD
City-St-Zip: PENSACOLA, FL 32506

Title: PRES () Change (X) Addition
Name: MAY, CHRISTINA
Address: SHADOW LAWN LN
City-St-Zip: PENSACOLA, FL 32507

Title: VP () Change (X) Addition
Name: BRADLEY, JAUNITA
Address: 5650 DALLAS AVE
City-St-Zip: PENSACOLA, FL 32526

Title: TREA () Change (X) Addition
Name: BELL, CLARENCE
Address: 1000 E YOUNGE
City-St-Zip: PENSACOLA, FL 32503

Title: SEC () Change (X) Addition
Name: VICE, CALVIN
Address: 214 SHADOW LAWN LN
City-St-Zip: PENSACOLA, FL 32507

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: PETER M FEYSA

DIR

02/09/2009

Electronic Signature of Signing Officer or Director

Date