

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000006272

**FILED**  
**Jan 28, 2012**  
**Secretary of State**

**Entity Name:** EMERALD COAST COALITION FOR LIFE, INC.

**Current Principal Place of Business:**

8430 ROBINSON RD  
LAUREL HILL, FL 32567

**New Principal Place of Business:**

6968 HARDWOOD CT  
MILTON, FL 32583 US

**Current Mailing Address:**

8430 ROBINSON RD  
LAUREL HILL, FL 32567

**New Mailing Address:**

6968 HARDWOOD CT  
MILTON, FL 32583 US

**FEI Number:** 45-2664623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HARNED, COREY  
8430 ROBINSON RD  
LAUREL HILL, FL 32567 US

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

CYR, ERNIE  
6968 HARDWOOD CT  
MILTON, FL 32583 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:** ERNIE CYR

01/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** CYR, ERNIE  
**Address:** 6968 HARDWOOD CT  
**City-St-Zip:** MILTON, FL 32583 US

**Title:** SD  
**Name:** CYR, MARY B  
**Address:** 6968 HARDWOOD CT  
**City-St-Zip:** MILTON, FL 32583 US

**Title:** TD  
**Name:** HARNED, COREY  
**Address:** 8430 ROBINSON RD  
**City-St-Zip:** LAUREL HILL, FL 32567 US

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:** ERNIE CYR

PRES

01/28/2012

Electronic Signature of Signing Officer or Director

Date