

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90011 019 ****61.25

DOCUMENT # N48143



1. Entity Name
**EMERALD COAST CONVENTION AND VISITORS
BUREAU, INC. DESTIN / FORT WALTON BEACH,
FLORIDA**

Principal Place of Business
**1540 MIRACLE STRIP
PARKWAY S.E.
FT. WALTON BEACH, FL 32548 US**

Mailing Address
**P.O. BOX 609
FT. WALTON BEACH, FL 32549 US**

94018382



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable*

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALL, STEVEN K
36468 EMERALD COAST PARKWAY
2101
DESTIN, FL 32541**

Name
Hall, Steven K
Street Address (P.O. Box Number is Not Acceptable)
4399 Commons Drive East
Suite 300
City
Destin FL Zip Code
32541

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **JONES, CATHY**
STREET ADDRESS **431 CARDINAL AVE**
CITY-ST-ZIP **FT WALTON BEACH, FL 32548**

TITLE **X** ☐ Delete
NAME **PAINE, KEN**
STREET ADDRESS **321 HIGHWAY 98 E.**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **PD** ☐ Delete
NAME **JONES, DARREL C**
STREET ADDRESS **1540 MIRACLE STRIP PWY, SE**
CITY-ST-ZIP **FT. WALTON BEACH, FL 32548**

TITLE **D** ☐ Delete
NAME **MOODY, CAROL**
STREET ADDRESS **194 HIGHWAY 98 EAST**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **D** ☐ Delete
NAME **LOFE, PHILIP**
STREET ADDRESS **500 GULF SHORE DRIVE**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **CD** ☐ Delete
NAME **DECKERT, RICK**
STREET ADDRESS **202 SOTIR ST.**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Abrams, Don**
STREET ADDRESS **1010 Miracle Strip Parkway**
CITY-ST-ZIP **Ft. Walton Beach, FL 32548**

TITLE **CD** ☒ Change ☐ Addition
NAME **Paine, Ken**
STREET ADDRESS **321 Highway 98E**
CITY-ST-ZIP **Destin, FL 32541**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Darrel C. Jones **2-10-04** **850-651-7131**