

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48143

FILED
Jan 06, 2006
Secretary of State

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

Current Principal Place of Business:

1540 MIRACLE STRIP
PARKWAY S.E.
FT. WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HALL, STEVEN K
4399 COMMONS DRIVE EAST
SUITE 300
DESTIN, FL 32541 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: D () Delete
Name: ABRAMS, DON
Address: 1010 MIRACLE STRIP PKWY
City-St-Zip: FT WALTON BEACH, FL 32548

Title: CD () Delete
Name: PAINE, KEN
Address: 321 HIGHWAY 98 E.
City-St-Zip: DESTIN, FL 32541

Title: PD () Delete
Name: JONES, DARREL C
Address: 1540 MIRACLE STRIP PWY, SE
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: D (X) Delete
Name: MOODY, CAROL
Address: 194 HIGHWAY 98 EAST
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: LOFE, PHILIP
Address: 500 GULF SHORE DRIVE
City-St-Zip: DESTIN, FL 32541

Title: CD () Delete
Name: DECKERT, RICK
Address: 202 SOTIR ST
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CAMPBELL, JAMES
Address: 1010 MIRACLE STRIP PKWY
City-St-Zip: FT WALTON BEACH, FL 32548

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

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Name:
Address:
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City-St-Zip:

Title: () Change () Addition
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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 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: DARREL JONES

PD

01/06/2006

Electronic Signature of Signing Officer or Director

Date