

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48143

FILED
Jan 05, 2009
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 32549 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 (X)**

Name and Address of Current Registered Agent:

JONES, DARREL C CEO
1540 MIRACLE STRIP PARKWAY SE
FORT WALTON BEACH, FL 32549 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: CHAMPBELL, JAMES
Address: 1804 LEWIS TURNER BLVD. STE. 100
City-St-Zip: FT WALTON BEACH, FL 32548 US

Title: CD () Delete
Name: MINICH, MIKE HON.
Address: 106 SW WAYNEL CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: PD () Delete
Name: JONES, DARREL C
Address: 1540 MIRACLE STRIP PWY, SE
City-St-Zip: FT. WALTON BEACH, FL 32549 US

Title: CD () Delete
Name: MALDONADO, LINO
Address: 546 MARY ESTHER CUTOFF, SUITE 3
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: D () Delete
Name: PAINE, KEN
Address: 321 HWY 98 EAST
City-St-Zip: DESTIN, FL 32541 US

Title: D () Delete
Name: TOLBERT, PATRICIA
Address: 1500 MIRACLE STRIP PKWY
City-St-Zip: FORT WALTON BEACH, FL 32548 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHAMPBELL, JAMES D COMM
Address: 1804 LEWIS TURNER BLVD. STE. 100
City-St-Zip: FT WALTON BEACH, FL 32548 US

Title: CD (X) Change () Addition
Name: PAINE, KEN
Address: 321 HWY 98 EAST-C/O DALE PETERSON REALTY
City-St-Zip: DESTIN, FL 32541 US

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

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

Title: D (X) Change () Addition
Name: NICHOLSON, DENNIS
Address: 315 HOLMES BLVD, NW
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: D (X) Change () Addition
Name: GOURLEY, WARREN
Address: P.O. BOX 1539
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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: DARREL C. JONES

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

Date