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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002349 (9)

1. Corporation Name

EMERALD COAST SINGLETONS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 4564
FT. WALTON BEACH FL 32549-4564

P.O. BOX 4564
FT. WALTON BEACH FL 32549-4564

3. Date Incorporated or Qualified
05/20/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNIGHT, DOROTHY M
1400 22ND STREET
NICEVILLE FL 32578

81 Name

JAMES, JUDIE

82 Street Address (P.O. Box Number is Not Acceptable)

22 LAKE LORRAINE CIR.

83

84 City

SHALIMAR

FL

85

Zip Code
32578

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

JUDIE JAMES -PRESIDENT

1 MAR 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE PD ☐ DELETE

NAME KNIGHT, DOROTHY M
STREET ADDRESS 1400 22ND STREET
CITY-ST-ZIP NICEVILLE FL 32578

TITLE VD ☐ DELETE

NAME JAMES, JUDIE
STREET ADDRESS 22 LAKE LORRAINE CIRCLE
CITY-ST-ZIP SHALIMAR FL 32579

TITLE TD ☐ DELETE

NAME KLIMACK, RONALD J
STREET ADDRESS 346 PRIMROSE CIRCLE
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

PD

☒ Change ☐ Addition

1.2 NAME

JAMES, JUDIE

1.3 STREET ADDRESS

22 LAKE LORRAINE CIR.

1.4 CITY-ST-ZIP

SHALIMAR, FL 32579

2.1 TITLE

VD

☒ Change ☐ Addition

2.2 NAME

BENNING, RICHARD

2.3 STREET ADDRESS

4084 N. INDIAN BAYOU DR.

2.4 CITY-ST-ZIP

DESTIN, FL 32541

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Judie James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDIE JAMES

1 MAR 1996 (904) 651-0991

Date

Daytime Phone #

CR2E037 (12/95)