

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000004791 (0)**

1. Corporation Name

EMERALD COAST CENTRE MARKETING AND PROMOTION FUND, INC.



Principal Place of Business

Mailing Address

**2000 B SOUTHBRIDGE PARKWAY
100
BIRMINGHAM AL 35209
US**

**2000 B SOUTHBRIDGE PARKWAY
100
BIRMINGHAM AL 35209
US**

3. Date Incorporated or Qualified
10/25/1993

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

2. Principal Place of Business
21 **200 Green Springs Hwy**

2a. Mailing Address
26 **200 Green Springs Hwy**

4. FEI Number
59-3183574

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State
23 **Birmingham, AL**

City & State
28 **Birmingham, AL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country
24 **35209-4906** 25 **USA**

Zip Country
29 **35209-4906** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIMMER, JAMES B
14063 EMERALD COAST PKWY
EMERALD COAST CENTER
DESTIN FL 32541**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D GRIMMER, JAMES B**
STREET ADDRESS **14063 EMERALD COAST PKWY**
CITY-ST-ZIP **DESTIN FL 32541**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D GRIMMER, SAMUEL P**
STREET ADDRESS **2000 B SOUTHBRIDGE PKWY SUITE 100**
CITY-ST-ZIP **BIRMINGHAM AL 35209**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **200 Green Springs Highway**
2.4 CITY-ST-ZIP **Birmingham, Alabama 35209-4906**

TITLE ☐ DELETE
NAME **D GRIMMER, SUSAN L**
STREET ADDRESS **2000 B SOUTHBRIDGE PKWY SUITE 100**
CITY-ST-ZIP **BIRMINGHAM AL 35209**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **200 Green Springs Highway**
3.4 CITY-ST-ZIP **Birmingham, Alabama 35209-4906**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)