

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000004791

1. Entity Name
**EMERALD COAST CENTRE MARKETING AND
PROMOTION FUND, INC.**



Principal Place of Business
**200 GREEN SPRINGS HWY
100
BIRMINGHAM, AL 32509-4906 US**

Mailing Address
**200 GREEN SPRINGS HWY
100
BIRMINGHAM, AL 35209-4906 US**



08222006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3183574

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRIMMER, SAMUEL P
14063 EMERALD COAST PKWY
EMERALD COAST CENTER
DESTIN, FL 32541**

**DO NOT WRITE
IN THIS SPACE**

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 September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000575889
09/01/06-80005-006 61.25**

10. OFFICERS AND DIRECTORS

TITLE D
NAME GRIMMER, ROSE J
STREET ADDRESS 200 GREEN SPRINGS HWY
CITY - ST - ZIP BIRMINGHAM, AL 32541

TITLE D
NAME GRIMMER, SAMUEL P
STREET ADDRESS 200 GREEN SPRINGS HIGHWAY
CITY - ST - ZIP BIRMINGHAM, AL

TITLE D
NAME GRIMMER, SUSAN L
STREET ADDRESS 200 GREEN SPRINGS HIGHWAY
CITY - ST - ZIP BIRMINGHAM, AL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE: *Rob Grimmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-06

Date

205-290-2712

Daytime Phone #