

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004791

FILED  
Apr 29, 2008  
Secretary of State

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

**Current Principal Place of Business:**

200 GREEN SPRINGS HWY  
100  
BIRMINGHAM, AL 325094906 US

**New Principal Place of Business:**

**Current Mailing Address:**

200 GREEN SPRINGS HWY  
100  
BIRMINGHAM, AL 352094906 US

**New Mailing Address:**

**FEI Number:** 59-3183574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRIMMER, SAMUEL P  
14063 EMERALD COAST PKWY  
EMERALD COAST CENTER  
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: GRIMMER, ROSE J  
Address: 200 GREEN SPRINGS HWY  
City-St-Zip: BIRMINGHAM, AL 32541

Title: D ( ) Delete  
Name: GRIMMER, SAMUEL P  
Address: 200 GREEN SPRINGS HIGHWAY  
City-St-Zip: BIRMINGHAM, AL

Title: D ( ) Delete  
Name: GRIMMER, SUSAN L  
Address: 200 GREEN SPRINGS HIGHWAY  
City-St-Zip: BIRMINGHAM, AL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: ( ) Change ( ) Addition  
Name:  
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 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: SAMUEL

D

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date