

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90045 012 \*\*\*\*61.25

<b>DOCUMENT # N94000000016</b>					
<b>1. Entity Name</b> CORNELL CLUB OF THE EMERALD COAST, INC.					
<b>Principal Place of Business</b> % RALPH A. PETERSON P.O. BOX 12950 PENSACOLA, FL 32576			<b>Mailing Address</b> % RALPH A. PETERSON P.O. BOX 12950 PENSACOLA, FL 32576		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3245221	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BRADY, JAMES A 6904 KITTY HAWK DR PENSACOLA, FL 32506			<b>7. Name and Address of New Registered Agent</b> Name <u>Margaret Gaertner</u> Street Address (P.O. Box Number is Not Acceptable) <u>2040 Downing Drive</u> City <u>Pensacola</u> <u>FL</u> Zip Code <u>32505</u>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> FORD, JAMES C <b>STREET ADDRESS</b> 2806 WHISPER OAKS DR <b>CITY-ST-ZIP</b> GULF BREEZE, FL 32561	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Donald Gaertner <b>STREET ADDRESS</b> 2040 Downing Drive <b>CITY-ST-ZIP</b> Pensacola FL 32505	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BEUKENKAMP, FELIX <b>STREET ADDRESS</b> 101 BAYWIND DRIVE <b>CITY-ST-ZIP</b> NICEVILLE, FL 32578	<input type="checkbox"/> Delete		<b>TITLE</b> DT <b>NAME</b> DAVID CROWLEY <b>STREET ADDRESS</b> 3166 Hwy 315 Apt 1022 <b>CITY-ST-ZIP</b> Houma LA 70360	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> CROWE, PATRICK N <b>STREET ADDRESS</b> 1146 CAMAREE PLACE <b>CITY-ST-ZIP</b> PENSACOLA, FL 32534	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> Mary A Scott <b>STREET ADDRESS</b> 211 North N Street <b>CITY-ST-ZIP</b> Pensacola FL 32501	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> BRADY, BARBARA <b>STREET ADDRESS</b> 6904 KITTY HAWK DRIVE <b>CITY-ST-ZIP</b> PENSACOLA, FL 32506	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> ARBY VAN SLYKE <b>STREET ADDRESS</b> 519 DRACENA WAY <b>CITY-ST-ZIP</b> GULF BREEZE FL 32561	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> BRADY, JAMES <b>STREET ADDRESS</b> 6904 KITTY HAWK DRIVE <b>CITY-ST-ZIP</b> PENSACOLA, FL 32506	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Kenneth Wolf <b>STREET ADDRESS</b> 15 North Sunset Blvd <b>CITY-ST-ZIP</b> GULF BREEZE FL 32561	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> GAERTNER, DONALD <b>STREET ADDRESS</b> 2040 DOWNING DRIVE <b>CITY-ST-ZIP</b> PENSACOLA, FL 32505	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Margaret Gaertner <b>STREET ADDRESS</b> 2040 Downing Drive <b>CITY-ST-ZIP</b> Pensacola FL 32505	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Margaret Gaertner</u> <u>January 26, 2007</u> <u>850-494-0911</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					