


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N94000005251  
 1. Entity Name  
 EMERALD COAST CHAPTER MGMA, INC.



Principal Place of Business  
 P.O. BOX 12646  
 PENSACOLA, FL 32574 US

Mailing Address  
 P.O. BOX 12646  
 PENSACOLA, FL 32574 US

**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3279905	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BURGESS, STEPHEN C  
 316 S. BAYLEN ST  
 STE 200  
 PENSACOLA, FL 32501

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

U00000054264  
 02/16/04-80165-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARFIELD, BETHANY
STREET ADDRESS	955 GONDOLIER BLVD
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	D
NAME	BURGESS, STEPHEN
STREET ADDRESS	316 S. BAYLEN STE 200
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	D
NAME	POUNDERS, BOBBYE
STREET ADDRESS	4872 LANETTE
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Stephen Burgess* 1/15/04 850-435-1420  
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #