


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90059 009 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02222006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-3279905	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BURGES, STEPHEN A 316 S. BAYLEN ST STE 200 PENSACOLA, FL 32501				Name Lindy Kirkpatrick Street Address (P.O. Box Number is Not Acceptable) 316 S. Baylen St. Suite 300 City Pensacola FL Zip Code 32502	
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 <u><i>Lindy Kirkpatrick</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/22/06</u>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARFIELD, BETHANY		NAME	Paul Henderson	
STREET ADDRESS	960 GRAND CANAL ST.		STREET ADDRESS	1717 N. E Street, #434	
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURGES, STEPHEN		NAME	Lindy Kirkpatrick	
STREET ADDRESS	316 S. BAYLEN STE 200		STREET ADDRESS	316 S. Baylen, #300	
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP	Pensacola, FL 32502	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Renée Weir	
STREET ADDRESS			STREET ADDRESS	8333 N. Davis Hwy	
CITY-ST-ZIP			CITY-ST-ZIP	Pensacola, FL 32514	
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Veronica McCrory	
STREET ADDRESS			STREET ADDRESS	5153 N. 9th Ave.	
CITY-ST-ZIP			CITY-ST-ZIP	Pensacola, FL 32504	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Lindy Kirkpatrick</i></u> DATE <u>2/22/06</u> 850-444-7276					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					