

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90026 027 \*\*\*\*61.25

**DOCUMENT # N95000001009**

1. Entity Name  
**EMERALD COAST BOTTLE COLLECTORS, INC.**



Principal Place of Business  
**482 MARTIN LUTHER KING DRIVE  
CHIPLEY, FL 32428**

Mailing Address  
**482 MARTIN LUTHER KING DRIVE  
CHIPLEY, FL 32428**

**40035550**



02202008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**VAUGHN, DEANNE M  
482 MARTIN LUTHER KING DRIVE  
CHIPLEY, FL 32428**

**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 Deanne M. Vaughn Sec/Treas. 2/20/08  
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 May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BARTON, STEVE
STREET ADDRESS	311 W. FLEMING AVE
CITY-ST-ZIP	GENEVA, AL 36340
TITLE	D
NAME	GLOVER, DONNIE
STREET ADDRESS	115 HALFACRE LANE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	D
NAME	MCCARTHY, KATHY
STREET ADDRESS	2675 ISLAND VIEW DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	P
NAME	VAUGHN, BOBBY E
STREET ADDRESS	482 MARTIN LUTHER KING
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	VP
NAME	BROCK, JOE
STREET ADDRESS	PO BOX 36442
CITY-ST-ZIP	PANAMA CITY, FL 32412
TITLE	ST
NAME	VAUGHN, DEANNE M
STREET ADDRESS	482 MARTIN LUTHER KING DRIVE
CITY-ST-ZIP	CHIPLEY, FL 32428

**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: Deanne M. Vaughn Deanne M. Vaughn 2/20/2008 850-415-5521  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #