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Jun 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002851 (1)
 1. Corporation Name
EMERALD COAST CARES, INC.



Principal Place of Business POST OFFICE BOX 207 APALACHICOLA FL 32309	Mailing Address POST OFFICE BOX 207 APALACHICOLA FL 32329-0207
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3. Date Incorporated or Qualified 05/29/1996	3a. Date of Last Report N/A
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2. Principal Place of Business 21 120 20th St. Suite, Apt. #, etc. 22	2a. Mailing Address 26 P.O. Box 682 Suite, Apt. #, etc. 27	4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable
City & State 23 Port St. Joe, Florida	City & State 28 Port St. Joe, Florida	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 32456	Country 25 Gulf	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 32456	Country 30 Gulf	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**DYKES, KENNETH E SR
 1 WASHINGTON SQUARE
 APALACHICOLA FL 32320**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	120 20TH ST.
B3	
B4 City	PORT ST. JOE
FL	FL
B5 Zip Code	32456

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Kenneth E. Dykes Sr DATE **4/25/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ-JIMENEZ, HORATIO
STREET ADDRESS	POST OFFICE BOX 207
CITY-ST-ZIP	APALACHICOLA FL 32309
TITLE	VD <input type="checkbox"/> DELETE
NAME	MERRILL, THOMAS M
STREET ADDRESS	POST OFFICE BOX 207
CITY-ST-ZIP	APALACHICOLA FL 32309
TITLE	STD <input type="checkbox"/> DELETE
NAME	DYKES, KENNETH E SR
STREET ADDRESS	POST OFFICE BOX 207
CITY-ST-ZIP	APALACHICOLA FL 32309
TITLE	D <input type="checkbox"/> DELETE
NAME	STEPHENS, LYNN
STREET ADDRESS	POST OFFICE BOX 207
CITY-ST-ZIP	APALACHICOLA FL 32309
TITLE	D <input type="checkbox"/> DELETE
NAME	SANDHU, PAUL
STREET ADDRESS	POST OFFICE BOX 207
CITY-ST-ZIP	APALACHICOLA FL 32309
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Merrill, Thomas
1.3 STREET ADDRESS	POST OFFICE BOX 207 120 20TH STREET
1.4 CITY-ST-ZIP	Port St. Joe, FL 32456
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Paul Sandhu
2.3 STREET ADDRESS	POST OFFICE BOX 207 120 20TH STREET
2.4 CITY-ST-ZIP	Port St. Joe, FL 32456
3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DYKES, KENNETH E., SR.
3.3 STREET ADDRESS	120 20TH ST.
3.4 CITY-ST-ZIP	PORT ST. JOE, FL 32456
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STEPHENS, LYNN
4.3 STREET ADDRESS	120 20TH ST.
4.4 CITY-ST-ZIP	PORT ST. JOE, FL 32456
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Susan Blevins
5.3 STREET ADDRESS	POST OFFICE BOX 207 120 20TH STREET
5.4 CITY-ST-ZIP	Port St. Joe, FL 32456
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100002209651
6.3 STREET ADDRESS	-06/12/97--01002--017
6.4 CITY-ST-ZIP	***70.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
KENNETH E. DYKES, SR.

CR2E037 (9/96)

6-6-97