

FILE NOW: FILING FEE IS \$61.25

FILED  
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

DOCUMENT # N96000002851 (1)  
1. Corporation Name  
EMERALD COAST CARES, INC.



Principal Place of Business Mailing Address  
POST OFFICE BOX 207 APALACHICOLA FL 32309 POST OFFICE BOX 207 APALACHICOLA FL 32329-0207

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 120 20th St.		26 P.O. Box 682		05/29/1996		N/A	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Port St. Joe, Florida		28 Port St. Joe, Florida		<input type="checkbox"/>		<input type="checkbox"/>	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 32456		29 32456		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 Country		30 Country					
25 Gulf		30 Gulf					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DYKES, KENNETH E SR 1 WASHINGTON SQUARE APALACHICOLA FL 32320				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				120 20TH ST.			
				B4 City			
				PORT ST. JOE			
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ-JIMENEZ, HORATIO	1.2 NAME	Merrill, Thomas
STREET ADDRESS	POST OFFICE BOX 207	1.3 STREET ADDRESS	<del>120 20TH STREET</del> 120 20TH STREET
CITY-ST-ZIP	APALACHICOLA FL 32309	1.4 CITY-ST-ZIP	Port St. Joe, FL 32456
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRILL, THOMAS M	2.2 NAME	Paul Sandhu
STREET ADDRESS	POST OFFICE BOX 207	2.3 STREET ADDRESS	<del>120 20TH STREET</del> 120 20TH STREET
CITY-ST-ZIP	APALACHICOLA FL 32309	2.4 CITY-ST-ZIP	Port St. Joe, FL 32456
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYKES, KENNETH E SR	3.2 NAME	DYKES, KENNETH E., SR.
STREET ADDRESS	POST OFFICE BOX 207	3.3 STREET ADDRESS	120 20TH ST.
CITY-ST-ZIP	APALACHICOLA FL 32309	3.4 CITY-ST-ZIP	PORT ST. JOE, FL 32456
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, LYNN	4.2 NAME	STEPHENS, LYNN
STREET ADDRESS	POST OFFICE BOX 207	4.3 STREET ADDRESS	120 20TH ST.
CITY-ST-ZIP	APALACHICOLA FL 32309	4.4 CITY-ST-ZIP	PORT ST. JOE, FL 32456
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDHU, PAUL	5.2 NAME	Susan Blevins
STREET ADDRESS	POST OFFICE BOX 207	5.3 STREET ADDRESS	<del>120 20TH STREET</del> 120 20TH STREET
CITY-ST-ZIP	APALACHICOLA FL 32309	5.4 CITY-ST-ZIP	Port St. Joe, FL 32456
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	100002209651
STREET ADDRESS		6.3 STREET ADDRESS	-06/12/97--01002--017
CITY-ST-ZIP		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  
KENNETH E. DYKES, SR.

CR2E037 (9/96)

6-6-97