## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2008 8:00 am Secretary of State

DOCUMENT # N9600005482  1. Entity Name EMERALD COAST COMPUTER SOCIETY, INC.							04-04-200	8 90018 (	011 ****61	25	
Principal Place of Business Mailing Address PO BOX 504 PORT WALTON BEACH, FL 32549 FORT WALTON BEACH				CH, FL 32549					Rein ann each	<b>B</b> irio <b>4184</b>   1 <b>8</b> 100 H	1 <b>4</b> 1241 <b>8</b> 1 ( <b>18</b> 1)
2. Principal F	Place of Business - No P.O. Box #	3. Mail	ing Address								
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				03312008	Chg-NP	CR2E	037 (12/06)	
City & State		Cit	City & State				4. FEI Numbe 59-344	4799	W		pplied For of Applicable
Zip	Country	Zip	Zip		Country		5. Certificate	of Status Desired	<del>-</del> 0	\$8.75 Add Fee Require	
	6. Name and Address of Cur	rent Registere	d Agent				7. Name and	Address of Nev	v Registere	d Agent	
VOSMERA 9509 SWE	A, LOIS EETGUM LANE				Name Street A	ddress (F	P.O. Box Numbe	er is Not Accepta	ıble)		
NAVARRE	E, FL 32566									<del></del>	
	<del></del>		· · · · · · · · · · · · · · · · · · ·		City				F	-	
8. The above the obligat SIGNATURE	e named entily submits this statementions of registered agent.	Smes	ose of changing its	register	ed office o	r register	ed agent, or bot			n familiar with,	, and accept
# **	Signature, typed or printed name of registered	agent and title if appl	licable. (NOTE	: Registere	d Agent signat	ure required	when reinstating)		DATE		
# (A)	Signature, hypbd or printed name of registered Filling Fee Is \$61.25 Due by May 1, 2008	egent and title if appi	9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May B Added to Fees	6	Make che	ck payable t	
10.	Filing Fee Is \$61.25		9. Election Can	npaign F	inancing		\$5.00 May B Added to Fees	6	Make che lorida Dep	ck payable t	state
	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Can	npaign F Contributi 11. TITUE NAMI	inancing ion.		\$5.00 May B Added to Fees	6 F	Make che lorida Depa CERS AND D	ck payable t	state
10.  TITLE  NAME  STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2008  OFFICERS AN P EDWARD, LENDY 11 POPIAR AVE	D DIRECTORS	9. Election Can Trust Fund C	TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE	inancing ion.  E E E ET ADDRESS -ST-ZIP	II V Erz	\$5.00 May B Added to Fees ADDITIONS/CHA Popla 2nk Sze E, Suns	angesto offi ar Ave emere set Blud	Make che lorida Depa CERS AND E	ck payable tartment of S DIRECTORS IN Change	N 10
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2008  OFFICERS AN P EDWARD, LENDY 11 POPIAR AVE SHALIMAR, FL 32579 V MOORE, GERALD 119 WAYNEL CIRCLE SE	D DIRECTORS	9. Election Can Trust Fund C	Inpaign F Contributi  11.  ITILE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE	inancing ion.  E E E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	II V Erz	\$5.00 May B Added to Fees ADDITIONS/CHA Popla 2nk Sze E, Suns	e F ANGES TO OFFI Ir Ave	Make che lorida Depa CERS AND E	ck payable tartment of S DIRECTORS IN Change	State V 10 Addition
10.  ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2008  OFFICERS AN P EDWARD, LENDY 11 POPIAR AVE SHALIMAR, FL 32579 V MOORE, GERALD 119 WAYNEL CIRCLE SE FORT WALTON BEACH, FL T VOSMERA, LOIS 9509 SWEETGUM LANE	D DIRECTORS	9. Election Can Trust Fund C	Inpaign F Contribution III. IIII. IIIII. IIII. IIIIII	E E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	II V Erz	\$5.00 May B Added to Fees ADDITIONS/CHA Popla 2nk Sze E, Suns	angesto offi ar Ave emere set Blud	Make che lorida Depa CERS AND E	ck payable tartment of S DIRECTORS IN Change	State  √ 10  Addition  ✓ Addition
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12. I hereby certify that the information supplied with this filling 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: \_<

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 1, 2008 850-939-217