

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90021 038 ****61.25

DOCUMENT # N97000003620

1. Entity Name
**EMERALD COAST CHILDREN'S ADVOCACY CENTER,
INC.**



Principal Place of Business
**401 MCEWEN DRIVE
NICEVILLE, FL 32578 US**

Mailing Address
**P O BOX 1237
NICEVILLE, FL 32588-237 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3454168

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLEET, H. BART
FLEET, SPENCER, MARTIN & KILPATRICK, PA
1104 EGLIN PARKWAY
SHALIMAR, FL 32579-0000**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **BLEVINS, COY**
STREET ADDRESS **315 SAND MYALE TRAIL**
CITY-STATE-ZIP **DESTIN, FL 32541**

TITLE **PD** ☒ Change ☐ Addition
NAME **Jan Strunk**
STREET ADDRESS **113 Bay Wind Dr**
CITY-STATE-ZIP **Niceville FL 32578**

TITLE **VPD** ☒ Delete
NAME **STRUNK, JAN**
STREET ADDRESS **113 BAY WIND DR.**
CITY-STATE-ZIP **NICEVILLE, FL 32578**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **SD** ☒ Delete
NAME **ANDREWS, DEBBIE**
STREET ADDRESS **125 MICHIGAN ST**
CITY-STATE-ZIP **DEFUNIAK SPRINGS, FL 32435**

TITLE **SD** ☒ Change ☐ Addition
NAME **Kieran May**
STREET ADDRESS **233-matties-way**
CITY-STATE-ZIP **Destin FL 32541**

TITLE **T** ☐ Delete
NAME **NOLL, BARBARA**
STREET ADDRESS **38 REED PLACE**
CITY-STATE-ZIP **FORT WALTON BEACH, FL 32548**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/08

**850
729-7685**