
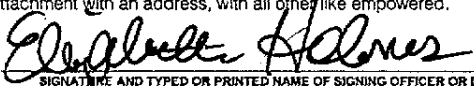


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000004930 1. Entity Name EMERALD COAST CRIME STOPPERS, INC.		
Principal Place of Business 25 WALTER MARTIN RD., NE FT. WALTON BEACH, FL 32548	Mailing Address 25 WALTER MARTIN RD., NE FT. WALTON BEACH, FL 32548	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GRIMSLEY, JAMES W 25 WALTER MARTIN RD., NE FT. WALTON BEACH, FL 32548		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOLMES, ELIZABETH 115 HUGHES ST. NE #D3 FORT WALTON BEACH, FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LARNEY, KATHLEEN 1250 N EGLIN PKWY SHALIMAR, FL 32579	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WAGNER, PAULA N 1250 N. EGLIN PKWY SHALIMAR, FL 32579	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/25/06 <small>Date</small> <small>Daytime Phone #</small>



04242006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000537300
05/09/06-80013-009 61.25

**DO NOT WRITE
IN THIS SPACE**