

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90055 036 ****70.00

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1. Corporation Name

EMERALD COAST SENIOR SCRATCH SERIES, INC.

Principal Place of Business

**36 TEMPLE AVENUE
FORT WALTON BEACH FL 32548-6533**

Mailing Address

**36 TEMPLE AVENUE
FORT WALTON BEACH FL 32548-6533**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/05/1998

4. FEI Number

59-3484938

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**RAYMOND, FRED S
36 TEMPLE AVENUE
FORT WALTON BEACH FL 32548-6533**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D/ RAYMOND, FRED S
36 TEMPLE AVENUE
FORT WALTON BEACH FL 32548-6533**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D FRANGIONI, RALPH
152 HOMEWOOD DRIVE
FORT WALTON BEACH FL 32548**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D MATHEWS, MAX
1709 ROSEWOOD LANE
ANDALUSIA AL 36420**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D STACEY, GERALD
402 5TH AVENUE
ATMORE AL 36502**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D HODGE, ROMMIE
1580 PINELANE DRIVE
CANTONMENT FL 32533-9628**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D CANTWELL, JACK
22611 KOIER ROAD
ROBERTSDALE AL 36567**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☒ Addition

**D NEIL MCGILLICUDDY
405 MARTINIQUE COVE
NICEVILLE, FL 32578**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☒ Addition

**D DON LAMBERT
905 WYNDY HILL RD.
DADEVILLE, AL 36853**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: FRED S. RAYMOND

Date

Daytime Phone #

2/9/99 (850) 243-4836

CR2E037 (11/98)