2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# N98000000036

Entity Name: EMERALD COAST SENIOR SCRATCH SERIES, INC.

Current Principal Place of Business:

21 S. ANCHORS LK DR
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

30 MAGNOLIA DR.
MARY ESTHER, FL 32569

Current Mailing Address:

21 S. ANCHORS LK DR
SANTA ROSA BEACH, FL 32459

New Mailing Address:

30 MAGNOLIA DR.
MARY ESTHER, FL 32569

FEI Number: 59-3484938 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODS, SCHUYLER
21 S. ANCHORS LK DR
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

FOWLER, LUVON
30 MAGNOLIA DR.
MARY ESTHER, FL 32569 US

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.

SIGNATURE: LUVON FOWLER 04/01/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: REAVEY, MIKE
Address: 335 ANTIQUA WAY
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete
Name: KNIGHT, JOE
Address: 196 BUNKER PL
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: WOODS, SCHUYLER
Address: 21 S ANCHORS LAKE DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FOWLER, LUVON
Address: 30 MAGNOLIA DR.
City-St-Zip: MARY ESTHER, FL 32569

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUVON FOWLER D 04/01/2008
Electronic Signature of Signing Officer or Director Date