

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000036

FILED
Mar 30, 2009
Secretary of State

Entity Name: EMERALD COAST SENIOR SCRATCH SERIES, INC.

Current Principal Place of Business:

30 MAGNOLIA DR.
MARY ESTHER, FL 32569

New Principal Place of Business:

277 SHALIMAR DR.
SHALIMAR, FL 32579

Current Mailing Address:

30 MAGNOLIA DR.
MARY ESTHER, FL 32569

New Mailing Address:

277 SHALIMAR DR.
SHALIMAR, FL 32579

FEI Number: 59-3484938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FOWLER, LUVON
277 SHALIMAR DR.
SHALIMAR, FL 32579 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: _____

03/30/2009

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: FOWLER, LUVON
Address: 30 MAGNOLIA DR.
City-St-Zip: MARY ESTHER, FL 32569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GROSS, FRED
Address: 879 THE MASTERS DR.
City-St-Zip: SHALIMAR, FL 32579

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

Title: D (X) Change () Addition
Name: FOWLER, LUVON
Address: 277 SHALIMAR DR.
City-St-Zip: SHALIMAR, FL 32579

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

03/30/2009

Electronic Signature of Signing Officer or Director

Date