

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001045

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** EMERALD COAST UNITED, INC.

**Current Principal Place of Business:**

417 LARKSPUR CT  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 832  
NICEVILLE, FL 32588

**New Mailing Address:**

**FEI Number:** 59-3467330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELY, CARRIE  
417 LARKSPUR CT.  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** RARICK, MIKE  
**Address:** 1644 PARKSIDE CIRCLE  
**City-St-Zip:** NICEVILLE, FL 32578

**Title:** GMGR  
**Name:** RAMIREZ, RENEE  
**Address:** 1132 TROON DR. W  
**City-St-Zip:** NICEVILLE, FL 32578

**Title:** VP  
**Name:** HUGHES, J  
**Address:** 1026 37TH STREET  
**City-St-Zip:** NICEVILLE, FL 32578

**Title:** T  
**Name:** ELY, CARRIE  
**Address:** 417 LARKSPUR CT.  
**City-St-Zip:** NICEVILLE, FL 32578

I hereby 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 all other like empowered.

**SIGNATURE:** CARRIE ELY

T

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date