


FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90062 032 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003830					
1. Corporation Name EMERALD COAST JAMBOREE INC.					
Principal Place of Business 24 HOLLYWOOD BLVD. SW SUITE 7 FORT WALTON BEACH FL 32549-0875			Mailing Address POST OFFICE BOX 875 FORT WALTON BEACH FL 32549-0875		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/29/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3530007	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HESTER, JOYCE 24 HOLLYWOOD BLVD., SW SUITE 7 FORT WALTON BEACH FL 32549-0875				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 re-registering)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	P D	<input type="checkbox"/> DELETE					
NAME	HESTER, JOYCE						
STREET ADDRESS	814 TARPON DRIVE						
CITY-ST-ZIP	FORT WALTON BEACH FL 32548						
TITLE	T D	<input type="checkbox"/> DELETE					
NAME	STANLEY, NORMAN						
STREET ADDRESS	35 MAPLE AVENUE						
CITY-ST-ZIP	SHALIMAR FL 32579						
TITLE	S D	<input type="checkbox"/> DELETE					
NAME	KOCH, CAROL						
STREET ADDRESS	252 KIDD STREET, NE						
CITY-ST-ZIP	FORT WALTON BEACH FL 32548						
TITLE		<input type="checkbox"/> DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME							
1.3 STREET ADDRESS							
1.4 CITY-ST-ZIP							
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP							
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP							
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME							
6.3 STREET ADDRESS							
6.4 CITY-ST-ZIP							

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN STANLEY TREAS. DIR.

5 JAN 99 850 6510500

Daytime Phone #

CR2E037 (1/98)