


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90016 031 \*\*\*\*61.25

<b>DOCUMENT # N98000003830</b>					
<b>1. Entity Name</b> EMERALD COAST JAMBOREE INC.					
<b>Principal Place of Business</b> 24 HOLLYWOOD BLVD., SW SUITE 7 FORT WALTON BEACH, FL 32549-0875			<b>Mailing Address</b> POST OFFICE BOX 875 FORT WALTON BEACH, FL 32549-0875		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3530007	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		03252004 Chg-NP CR2E037 (10/03)	
<b>6. Name and Address of Current Registered Agent</b> HESTER, JOYCE 24 HOLLYWOOD BLVD., SW SUITE 7 FORT WALTON BEACH, FL 32549-0875			<b>7. Name and Address of New Registered Agent</b> Name <u>O'DELL, Richard P</u> Street Address (P.O. Box Number is Not Acceptable) <u>4025 BOND CIRCLE</u> City <u>Niceville</u> FL Zip Code <u>32578</u>		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Richard P O'Dell</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>6 APR 2004</u> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> HESTER, JOYCE		<b>TITLE</b> P.D.	<b>NAME</b> Richard P O'Dell	
<b>STREET ADDRESS</b> 814 TARPON DRIVE	<b>CITY-ST-ZIP</b> FORT WALTON BEACH, FL 32548		<b>STREET ADDRESS</b> 4025 BOND CIRCLE	<b>CITY-ST-ZIP</b> Niceville, FL 32578	
<b>TITLE</b> TD	<b>NAME</b> STANLEY, NORMAN		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 35 MAPLE AVENUE	<b>CITY-ST-ZIP</b> SHALIMAR, FL 32579		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> SD	<b>NAME</b> MORGAN, LINDA		<b>TITLE</b> SD	<b>NAME</b> CAROL KOCH	
<b>STREET ADDRESS</b> 8 HIDDEN COVE CIRCLE	<b>CITY-ST-ZIP</b> VALPARAISO, FL 32580		<b>STREET ADDRESS</b> 260 Kidd St	<b>CITY-ST-ZIP</b> FT WALTON Beach FL 32548	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other files empowered.</b>					
SIGNATURE: <u>Norman Stanley</u>		<u>Norman Stanley TD 850.651.0500</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			