


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000003830

1. Entity Name
 EMERALD COAST JAMBOREE INC.



Principal Place of Business Mailing Address

24 HOLLYWOOD BLVD., SW POST OFFICE BOX 875
 SUITE 7 FORT WALTON BEACH, FL 32549-0875
 FORT WALTON BEACH, FL 32549-0875



01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3530007 | Applied For Not Applicable |
|-----------------------------|-------------------------------|


5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

O'DELL, RICHARD P
 4025 BOND CIRCLE
 NICEVILLE, FL 32578

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE  3/01/05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**


000000255080
 03/07/05-80097-024 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD O'DELL, RICHARD P 4025 BOND CIRCLE NICEVILLE, FL 32578 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD STANLEY, NORMAN 35 MAPLE AVENUE SHALIMAR, FL 32579 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KOCH, CAROL 280 KIDD ST FORT WALTON BEACH, FL 32548 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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 like empowered.

SIGNATURE:  3/01/05 850-217-0145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #