

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000003830**

1. Entity 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**



02272008 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when amending)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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 32578**

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

**U00000487354  
04/13/06-80071-023 61.25**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Richard P. O'Dell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard P. O'Dell 3/29/06 850 217 0145**  
Date Daytime Phone #