



**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N98000003830</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>
<b>DO NOT WRITE IN THIS SPACE</b>		
		03302007 No Chg-NP CR2E037 (4/06)
4. FEI Number <b>59-3530007</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent		
<b>O'DELL, RICHARD P 4025 BOND CIRCLE NICEVILLE, FL 32578</b>		<b>DO NOT WRITE IN THIS SPACE</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.		
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'DELL, RICHARD P 4025 BOND CIRCLE NICEVILLE, FL 32578	<b>DO NOT WRITE IN THIS SPACE</b>
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 260 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		
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: 		<b>31 MAR 2007 8505856957</b>