

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007373

FILED
Jan 21, 2009
Secretary of State

Entity Name: FRIENDS OF EMERALD COAST STATE PARKS, INC.

Current Principal Place of Business:

17000 EMERALD COAST PARKWAY
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

C/O HENDERSON BEACH STATE PARK
17000 EMERALD COAST PARKWAY
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 59-3633574 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MURPHY, GEORGE F
1173 BAYSHORE DRIVE
VALPARAISO, FL 32580 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: RODES, MYRA
Address: 8833 ST. ANDREWS DRIVE
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: SECT () Delete
Name: STILES, ROBIN
Address: 10 MARINA COVE DR
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: KURZ, HAL
Address: 821 WEEDEN ISLAND DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: T () Delete
Name: MURPHY, GEORGE F
Address: 1173 N. BAYSHORE DR.
City-St-Zip: VALPARAISO, FL 32580

Title: VP () Delete
Name: STILES, DONNA
Address: 316 HOLLY STREET
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: MONEESE, KAYREN
Address: 2400 MARTIN DRIVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RODES, MYRA
Address: 8833 ST. ANDREWS DRIVE
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE F MURPHY

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01/21/2009

Electronic Signature of Signing Officer or Director

Date