

ANNUAL REPORT

DOCUMENT # P00000039296

1. Entity Name
EMERALD COAST EVENTS COMMISSION, INC.



FILED
Apr 23, 2004 08:00 AM
Secretary of State

Principal Place of Business
1618 ISABELLA AVE
PANAMA CITY, FL 32401

Mailing Address
1618 ISABELLA AVE
PANAMA CITY, FL 32401



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3751033

Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

LINCOLN, JOHN D III
520 BECKRICH ROAD
GV 1513
PANAMA CITY BEACH, FL 32407

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 restatefing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

1000000127273
04/23/04-80068-005 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEMAI, B. PAUL
7803 MCELVEY DR
PANAMA CITY BEACH, FL 32408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
LINCOLN, JOHN D
520 BECKRICH ROAD GV 1513
PANAMA CITY BEACH, FL 32407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LYNCH, GERALD E
1618 ISABELLA AVENUE
PANAMA CITY, FL 32401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MATAMOROS, CESAR A
1110 CAROLINE AVENUE
LYNN HAVEN, FL 32444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MORRIS, JOHN R
3816 QUARTS #C
PANAMA CITY BEACH, FL 32408

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 607, 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:

John D. Lincoln III **JOHN D. LINCOLN III** **Treasurer** **4/23/04 850-866-7437**