

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039296

FILED
Apr 20, 2006
Secretary of State

Entity Name: EMERALD COAST EVENTS COMMISSION, INC.

Current Principal Place of Business:

1618 ISABELLA AVE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

1618 ISABELLA AVE
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-3751033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEMAY, B. PAUL
Address: 7803 MCELVEY DR
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: DT () Delete
Name: LINCOLN, JOHN D
Address: 520 BECKRICH ROAD GV 1513
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: D () Delete
Name: LYNCH, GERALD E
Address: 1618 ISABELLA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: SD () Delete
Name: MATAMOROS, CESAR A
Address: 1110 CAROLINE AVENUE
City-St-Zip: LYNN HAVEN, FL 32444

Title: PD () Delete
Name: MORRIS, JOHN R
Address: 3816 QUARTS #C
City-St-Zip: PANAMA CITY BEACH, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. MORRIS

PD

04/20/2006

Electronic Signature of Signing Officer or Director

Date