

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000038558

1. Entity Name
**EMERALD COAST SUPPORT COORDINATORS,
INCORPORATED**



Principal Place of Business
**218 GREENACRES ROAD
SUITE 800
FT WALTON BEACH, FL 32547**

Mailing Address
**218 GREENACRES ROAD
SUITE 800
FT WALTON BEACH, FL 32547**



04212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3309193

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMAS, BARBARA
218 GREENACRES ROAD
SUITE 800
FT WALTON BEACH, FL 32547**

**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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	P CROWE, MARK J 78 WOODWARD STREET DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST THOMAS, BARBARA B 1626 ELLA RUTH DR FORT WALTON BEACH, FL 32547
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05/15/07-80086-007 150.00

**DO NOT WRITE
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 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: *Barbara B. Thomas* *Barbara B. Thomas* *4/21/07 (850) 243-6007*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #