

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011740

**Entity Name:** EMERALD COAST PUBLIC RELATIONS ORGANIZATION, INC.

**Current Principal Place of Business:**

34 MIRACLE STRIP PKWY SE  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

P.O.BOX 4483  
FORT WALTON BEACH, FL 32549

**FEI Number:** 20-3821147

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KILPATRICK, WILLIAM GJR.  
36474 C EMERALD COAST PKWY  
SUITE 3202  
DESTIN, FL 32541 US

*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

**Officer/Director Detail :**

Title SECRETARY  
Name HERRERA, MONICA  
Address P.O.BOX 4483  
City-State-Zip: FORT WALTON BEACH FL 32549

Title TREASURER  
Name COALE, LAURA  
Address P.O.BOX 4483  
City-State-Zip: FORT WALTON BEACH FL 32549

Title PRESIDENT  
Name MORROW, KATHY  
Address P.O.BOX 4483  
City-State-Zip: FORT WALTON BEACH FL 32549

Title PROGRAMS CHAIR  
Name BAUMAN, SCARLETT  
Address P.O.BOX 4483  
City-State-Zip: FORT WALTON BEACH FL 32549

I hereby 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 all other like empowered.

**SIGNATURE:** LAURA COALE

**TREASURER**

**02/07/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date