

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011740

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

**Current Principal Place of Business:**

36474 C EMERALD COAST PKWY  
SUITE 3202  
DESTIN, FL 32541

**Current Mailing Address:**

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

**FEI Number:** 58-5149881

**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            TREASURER  
Name            KING, MARGARET  
Address        P.O. BOX 4483  
City-State-Zip: FORT WALTON BEACH FL 32549

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

Title            VP  
Name            WALLER, GAIL  
Address        P.O. BOX 4483  
City-State-Zip: FORT WALTON BEACH FL 32549

Title            SECRETARY  
Name            JONES, CAROLE  
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:** MARGARET KING

**TREASURER**

**01/22/2014**

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

\_\_\_\_\_  
Date