

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N12000009613

**Entity Name:** EMERALD COAST THEATRE COMPANY, INC.

**Current Principal Place of Business:**

112 PARADISE POINT LN  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

P.O. BOX 9175  
MIRAMAR BEACH, FL 32550 US

**FEI Number:** 80-0858285

**Certificate of Status Desired:** No

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

FISHER, NATHANAEL  
112 PARADISE POINT LN  
SANTA ROSA BEACH, FL 32459 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 DIRECTOR  
Name FISHER, NATHANAEL  
Address 112 PARADISE POINT LN  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR  
Name FISHER, ANNA  
Address 112 PARADISE POINT LN  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title TREASURER  
Name OGLE, CHRIS  
Address 33 CHERRY LAUREL DRIVE  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title PRESIDENT  
Name HEDDEN, JASON  
Address 200 AUGUSTA RD #206  
City-State-Zip: PANAMA CITY BEACH FL 32407

Title SECRETARY  
Name LONDE, SHERRY  
Address 296 KETCH COURT  
City-State-Zip: DESTIN FL 32541

Title DIRECTOR  
Name WOLFGRAM, ZANDRA  
Address 508 MAIN STREET  
City-State-Zip: DESTIN FL 32541

Title DIRECTOR  
Name RUSSELL, SCOTT  
Address 2997 BAY VILLAS COURT  
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR  
Name CHRISTEN, LORRAINE  
Address 47 PINE RIDGE TRACE  
City-State-Zip: DESTIN FL 32541

**Continues on page 2**

*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:** NATHANAEL FISHER

**PRODUCING ARTISTIC  
DIRECTOR**

**06/03/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            HOLLOWAY, LAURA  
Address        256 VENTANA BOULEVARD  
City-State-Zip: SANTA ROSA BEACH FL 32459