

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N13000005635

**Entity Name:** EMERALD COAST WOUNDED WARRIORS, INC.

**Current Principal Place of Business:**

321 JAMAICA WAY DR  
NICEVILLE, FL 32578

**Current Mailing Address:**

321 JAMAICA WAY DR  
NICEVILLE, FL 32578 US

**FEI Number:** 46-1913211

**Certificate of Status Desired:** No

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

VICKERS, ROBERT E  
6418 ARBOR LANE  
GULF BREEZE, FL 32563 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 P  
Name VICKERS, ROBERT E  
Address 6418 ARBOR LANE  
City-State-Zip: GULF BREEZE FL 32563

Title VP  
Name GESTRING, KENNETH L  
Address 321 JAMAICA WAY  
City-State-Zip: NICEVILLE FL 32578

Title SEC  
Name COSTABILE, MARA F  
Address 325 GRAND OAKS DR  
City-State-Zip: NICEVILLE FL 32578

Title TRES  
Name GOMES, EGAS MATTHEW  
Address 1940 MELISSA OAKS DR  
City-State-Zip: GULF BREEZE FL 32563

*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:** KENNETH GESTRING

VP

05/14/2016

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

\_\_\_\_\_  
Date