

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007175

Entity Name: EMERALD COAST ASSOCIATION FOR THE EDUCATION OF
YOUNG CHILDREN, INC.**FILED**
Apr 23, 2018
Secretary of State
CC0609122301**Current Principal Place of Business:**1290 N COUNTY HWY 395
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**1290 N COUNTY HWY 395
SANTA ROSA BEACH, FL 32459 US**FEI Number: 38-3817960****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MARCHIONI, EMMA
8875 HIDDEN RIVER PARKWAY
#300
TAMPA, FL 33637 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: EMMA MARCHIONI****04/23/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	BROOKS, LISA
Address	19 ADAMS WAY
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	PUBLIC POLICY CHAIR
Name	ESTRIDGE, ANDRIA
Address	4501 BETH CIRCLE
City-State-Zip:	CRESTVIEW FL 32539

Title	TREASURER
Name	CRAWFORD, INA
Address	130 BYRD DRIVE
City-State-Zip:	PANAMA CITY FL 32404

Title	MEMBERSHIP CHAIR
Name	HESTER, PATTI
Address	7306 W HIGHWAY 98 #1
City-State-Zip:	PORT ST. JOE FL 32456

Title	PRESIDENT
Name	BUDDEN, SAVANNAH
Address	1290 N. COUNTY HWY 395
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	MEMBER AT LARGE
Name	HOFFMAN, ELIZABETH M.
Address	1700 GLENWOOD COURT
City-State-Zip:	NICEVILLE FL 32578

Title	MEMBER AT LARGE
Name	SMITH, STACEY LOU
Address	8713 FRONT BEACH ROAD
City-State-Zip:	PANAMA CITY BEACH FL 32407

Title	ACCREDITATION CHAIR
Name	SMITH, DEBBIE
Address	343 HOLMES BOULEVARD
City-State-Zip:	FORT WALTON BEACH FL 32458

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: INA CRAWFORD**TREASURER****04/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date