

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

DOCUMENT# N13000000357

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC3025841975**

**Entity Name:** INNOVATION COAST, INC.

**Current Principal Place of Business:**

220 W GARDEN ST  
SUITE 303  
PENSACOLA, FL 32502

**Current Mailing Address:**

P.O. BOX 13002  
PENSACOLA, FL 32591 US

**FEI Number:** 46-1854723

**Certificate of Status Desired:** No

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

ZOESCH, JOHN B  
501 COMMENDENCIA ST  
PENSACOLA, FL 32502 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:** JOHN ZOESCH

02/23/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name ANDERSEN, NEILS K  
Address 4400 BAYOU BLVD SUITE 12  
City-State-Zip: PENSACOLA FL 32503

Title D  
Name DAVIS, ROBERT G  
Address 31 W GARDEN ST SUITE 100  
City-State-Zip: PENSACOLA FL 32502

Title D  
Name GOINS, TRAVIS S  
Address 4400 BAYOU BLVD  
SUITE 5B  
City-State-Zip: PENSACOLA FL 32503

Title DIRECTOR  
Name SHEPPARD, JULIE L  
Address 40 S. ALCANIZ ST.  
City-State-Zip: PENSACOLA FL 32502

Title D  
Name HORTON, MICHELLE  
Address 418 W GARDEN ST  
City-State-Zip: PENSACOLA FL 32502

Title CHAIRMAN  
Name MCCLELLAN, JAMES  
Address 1101 GULF BREEZE PKWY  
SUITE 200  
City-State-Zip: GULF BREEZE FL 32561

Title VC  
Name HEISE, SHARON  
Address 40 S. ALCANIZ STREET  
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR  
Name WEIN, BILL  
Address 4400 BAYOU BLVD  
SUITE 6  
City-State-Zip: PENSACOLA FL 32503

**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:** JULIE L. SHEPPARD

**DIRECTOR**

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HARPER , RICK DR.  
Address 220 W. GARDEN STREET  
SUITE 303  
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR  
Name NOWAK, PETER  
Address 200 LURTON STREET  
City-State-Zip: PENSACOLA FL 32505

Title DIRECTOR  
Name RANELLI, ED DR.  
Address 11000 UNIVERSITY PARKWAY  
BLDG 76A, ROM 304  
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR  
Name LUTH , SCOTT  
Address 117 WEST GARDEN STREET  
City-State-Zip: PENSACOLA FL 32502