

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000000357

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

04/14/2016

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

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

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

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

Title DIRECTOR
Name SHEPPARD, JULIE L
Address 40 S. ALCANIZ 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 DIRECTOR
Name WEIN, BILL
Address 4400 BAYOU BLVD
SUITE 6
City-State-Zip: PENSACOLA FL 32503

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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

04/14/2016

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