

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006329

**Entity Name:** AMIKIDS EMERALD COAST, INC.

**Current Principal Place of Business:**

160 DUGGAN AVE.  
CRESTVIEW, FL 32536

**Current Mailing Address:**

160 DUGGAN AVE.  
CRESTVIEW, FL 32536 US

**FEI Number:** 59-3531532

**Certificate of Status Desired:** Yes

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

HULL, DAVID J  
SMITH, HULSEY, & BUSEY  
ONE INDEPENDENT DRIVE SUITE 3300  
JACKSONVILLE, FL 32202 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 THORNTON, MICHAEL A  
Address 5915 BENJAMIN CENTER DRIVE  
City-State-Zip: TAMPA FL 33634

Title DIRECTOR  
Name NOONAN, CHARLES  
Address 160 DUGGAN AVE.  
City-State-Zip: CRESTVIEW FL 32536

Title DIRECTOR  
Name RIGGENBACH, CINDY  
Address 160 DUGGAN AVE.  
City-State-Zip: CRESTVIEW FL 32536

Title DIRECTOR  
Name COTTON, CHARLA  
Address 160 DUGGAN AVE.  
City-State-Zip: CRESTVIEW FL 32536

Title CHAIRMAN  
Name SLATER, JONATHAN  
Address 160 DUGGAN AVE.  
City-State-Zip: CRESTVIEW FL 32536

*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:** MICHAEL A THORNTON

**DIRECTOR**

**03/01/2023**

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

\_\_\_\_\_  
Date