2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2011
Secretary of State

DOCUMENT# 715411

Entity Name: ESCAMBIA EDUCATION ASSOCIATION, INCORPORATED

Current Principal Place of Business:

6551 N PALAFOX HWY.
PENSACOLA, FL 32503

New Principal Place of Business:

6551 N PALAFOX HWY.
PENSACOLA, FL 32514

Current Mailing Address:

6551 N. PALAFOX HWY.
PENSACOLA, FL 32503

New Mailing Address:

6551 N. PALAFOX HWY
PENSACOLA, FL 32503

FEI Number: 59-1024149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VINCENT, BILL
6551 N. PALAFOX HWY.
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

VINCENT, BILL
6551 N. PALAFOX HWY
PENSACOLA, FL 32503 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: _____ 01/27/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T
Name: COON, ROSE
Address: 3790 SUMMER DR
City-St-Zip: PENSACOLA, FL 32504

Title: P
Name: BREAKALL, KATHY
Address: 5666 DOVE DR
City-St-Zip: PACE, FL 32570

Title: S
Name: DOROUGH, DEBBY
Address: 1230 HAROLD AVE
City-St-Zip: PENSACOLA, FL 32514

Title: D
Name: HOLMES, CAROLANN
Address: 9743 CREEK BRIDGE CIR
City-St-Zip: PENSACOLA, FL 32514

Title: D
Name: HINELY, FRANCES
Address: 31 WILKES DR
City-St-Zip: PENSACOLA, FL 32503

Title: VP
Name: CROW, ELLEN
Address: 9571 PINE CONE DR
City-St-Zip: CANTONMENT, FL 32533

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: KATHY BREAKALL P 01/27/2011
Electronic Signature of Signing Officer or Director — Date