

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005339

FILED
Mar 05, 2012
Secretary of State

Entity Name: EMERALD COAST AUTISM CENTER INC

Current Principal Place of Business:

200 N PARTIN DRIVE
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

200 N PARTIN DRIVE
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 27-0263926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPUS, JENNIFER H
1817 LEWIS TURNER BLVD.
SUITE E
FT. WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: BERRYMAN, ALAN
Address: 890 COLDWATER CREEK CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: D
Name: BERRYMAN, STACI
Address: 890 COLDWATER CREEK CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: D, S
Name: FONSECA, ARNALDO
Address: 303 RIVERWOOD DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: D, T
Name: BLALOCK, HEIDI
Address: 14 ALCOLON COVE
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: D
Name: ALLEN, MIKE
Address: 200 N. PARTIN DRIVE
City-St-Zip: NICEVILLE, FL 32578

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: STACI BERRYMAN

D

03/05/2012

Electronic Signature of Signing Officer or Director

Date