



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90032 044 ****61.25

DOCUMENT # N44861							
1. Entity Name THE EMERALD COAST SCIENCE CENTER, INC.							
Principal Place of Business 139 BROOKS STREET FT. WALTON BCH., FL 32548		Mailing Address 139 BROOKS STREET FT. WALTON BCH., FL 32548					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		01222007 Chg-NP CR2E037 (12/06)			
4. FEI Number 59-3317924		Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
FLEET, H B FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR, FL 32579-0000			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PEM	<input checked="" type="checkbox"/> Delete	TITLE	VPBD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CRAFT, WALTER MR		NAME	Mr. Chris Vaughn			
STREET ADDRESS	9 HICKORY STREET		STREET ADDRESS	P.O. Box 1089			
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP	Freeport, FL 32439			
TITLE	VPBD	<input type="checkbox"/> Delete	TITLE	PBD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRATHWAITE, DAVID MR		NAME				
STREET ADDRESS	198 EGLIN PARKWAY		STREET ADDRESS				
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP				
TITLE	PBD	<input type="checkbox"/> Delete	TITLE	PEM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRICE, DAVID MR.		NAME				
STREET ADDRESS	51 3RD STREET, BUILDING 11 PO BOX 776		STREET ADDRESS				
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP				
TITLE	SED	<input type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GILBAR, THOMAS MR		NAME				
STREET ADDRESS	1107 COURINGTON COURT		STREET ADDRESS				
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP				
TITLE	ED	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GASKIN, ROBERT MR.		NAME				
STREET ADDRESS	139 BROOKS STREET		STREET ADDRESS				
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	SED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	Ms. Gretchen Van Valkenburg			
STREET ADDRESS			STREET ADDRESS	1170 Martin Luther King Blvd			
CITY-ST-ZIP			CITY-ST-ZIP	Fort Walton Beach, FL 32548			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 		22 January, 2007		850664-1261			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			