2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44861

Feb 13, 2009 Secretary of State

Entity Name: THE EMERALD COAST SCIENCE CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

139 BROOKS STREET FT. WALTON BCH., FL 32548

Current Mailing Address: New Mailing Address:

139 BROOKS STREET FT. WALTON BCH., FL 32548

FEI Number: 59-3317924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR, FL 325790000 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VPBD (X) Change () Addition () Delete GILBAR, THOMAS DR Name: FREGGER, MICHAEL DR Name: 1107 COURINGTON COURT Address: 17 RACETRACK ROAD Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: FORT WALTON BEACH, FL 32547

Title: PBD () Delete Title: (X) Change () Addition VAUGHN, CHRIS MR Name: MELVIN, JERRY MR Name: Address: PO BOX 1089 Address: P.O. BOX 902

City-St-Zip: FREEPORT, FL 32439 City-St-Zip: FT. WALTON BEAH, FL 32549

Title: PEM () Delete Title: PEM (X) Change () Addition BRAITHWAITE, DAVID MR VAUGHN, CHRIS MR Name: Name:

Address: 198 EGLIN PARKWAY Address: P.O. BOX 1089 City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: FREEPORT, FL 32439

Title: () Delete Title: (X) Change () Addition

Name: CHUBB, VALERIE MS Name: PULLEN, MELISSA MS Address: 110 RACETRACK ROAD Address: 1231 COUNTY HIGHWAY 283 SOUTH

City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Delete Title: () Change () Addition GASKIN, ROBERT MR. Name: Name:

139 BROOKS STREET Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

FAIRWEATHER, TOMMY DR HUBAND, JACALYN DR Name: Name: Address: 6694 W COUNTY HWY 30A Address: 802 SHOAL RIVER DRIVE SANTA ROSA BEACH, FL 32459 CRESTVIEW, FL 32539 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MR. ROBERT GASKIN ED 02/13/2009