## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N44861

FILED Apr 29, 2010 Secretary of State

Date

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, H B 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:

Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:** 

Title: F

Name: WILLIAMSON, ROBERT E MR

Address: PO BOX 516 City-St-Zip: BAGDAD, FL 32530

Title: VP

Name: LEATHERMAN, JEFFERY S DR Address: 128 N.E. EGLIN PARKWAY City-St-Zip: FT. WALTON BEAH, FL 32548

Title: PE

Name: MELVIN, JERRY G MR

Address: PO BOX 902

City-St-Zip: FORT WALTON BEACH, FL 32549

Title: T

Name: RITTER, MATTHEW W MR
Address: 124 MIRACLE STRIP PARKWAY
City-St-Zip: MARY ESTHER, FL 32569

Title:

Name: LAFOLLETTE, JAMES W MR. Address: 139 BROOKS STREET

City-St-Zip: FORT WALTON BEACH, FL 32548

Title:

 Name:
 GIBSON, EMILY E MS

 Address:
 6694 COUNTY HWY 30-A

 City-St-Zip:
 SANTA ROSA BEACH, FL 32459

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: JAMES W. LAFOLLETTE, JR. D 04/29/2010