

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44861

FILED
Feb 17, 2011
Secretary of State

Entity Name: THE EMERALD COAST SCIENCE CENTER, INC.

Current Principal Place of Business:

139 BROOKS STREET
FT. WALTON BCH., FL 32548

New Principal Place of Business:

Current Mailing Address:

139 BROOKS STREET
FT. WALTON BCH., FL 32548

New Mailing Address:

FEI Number: 59-3317924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEET, H B
FLEET, SPENCER, MARTIN & KILPATRICK, PA
1104 EGLIN PARKWAY
SHALIMAR, FL 325790000 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: P
Name: CLARK, WENDY F MS
Address: 98 NW BEAL PARKWAY
City-St-Zip: FORT WALTON BEACH, FL 32548

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: S
Name: MANLEY, JANICE MS
Address: 200 W. HWY 98 #301
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D
Name: LAFOLLETTE, JAMES W MR.
Address: 139 BROOKS STREET
City-St-Zip: FORT WALTON BEACH, FL 32548

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

02/17/2011

Electronic Signature of Signing Officer or Director

Date