

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N47467

(8)N 3-07-96

1. Corporation Name

~~LEARNING SKILLS CENTER, INC.~~ EMERALD COAST ACADEMY, INC.



Principal Place of Business

Mailing Address

5000 W MOBILE HWY  
PENSACOLA FL 32506

5000 W MOBILE HWY  
PENSACOLA FL 32506

3. Date Incorporated or Qualified  
02/17/1992

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-3108427

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRUCKE, HERMINA  
3479 MAIKAI DRIVE  
PENSACOLA FL 32526

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TD  
STREET ADDRESS SANDFORT, SCOTT  
CITY-ST-ZIP 401 INTENDENCIA ST  
PENSACOLA FL

TITLE ☐ DELETE

NAME MD  
STREET ADDRESS KRUCKE, HERMINA  
CITY-ST-ZIP 3479 MAIKAI DRIVE  
PENSACOLA FL 32526

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS HOLMES, JAMES R.  
CITY-ST-ZIP 2159 CLIFFBROOK AVE  
PENSACOLA FL 32526

TITLE ☐ DELETE

NAME VSD  
STREET ADDRESS FILLINGIM, RON  
CITY-ST-ZIP 3202 SWAN LANE  
PENSACOLA FL

TITLE ☐ DELETE

NAME MD  
STREET ADDRESS BLACK, REBECCA  
CITY-ST-ZIP 6712 CHELSEA ST  
PENSACOLA FL

TITLE ☐ DELETE

NAME MD  
STREET ADDRESS BYRD, JIM  
CITY-ST-ZIP 7732 CHESTERFIELD RD  
PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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\*\*\*70.00

06-19-96 oje

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)