

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47467 (8)

1. Corporation Name

EMERALD COAST ACADEMY, INC.

Principal Place of Business

5000 W MOBILE HWY
PENSACOLA FL 32506

Mailing Address

5000 W MOBILE HWY
PENSACOLA FL 32506-32263. Date Incorporated or Qualified
02/17/19923a. Date of Last Report
06/19/1996

2. Principal Place of Business

21 3479 MAIKAI DRIVE

Suite, Apt. #, etc.

2a. Mailing Address

26 3479 MAIKAI DRIVE

Suite, Apt. #, etc.

4. FEI Number

59-3108427

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

City & State

23 PENSACOLA

City & State

28 FLORIDA

Zip

24 32526

Country

25 ESCAMBIA

Zip

29 32526

Country

30 ESCAMBIA

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

Hermina Kruck

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TO ☒ DELETENAME SANDFORT, SCOTT
STREET ADDRESS 401 INTENDENCIA ST
CITY-ST-ZIP PENSACOLA FL1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE MD ☐ DELETENAME KRUCKE, HERMINA
STREET ADDRESS 3479 MAIKAI DRIVE
CITY-ST-ZIP PENSACOLA FL 325262.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE PD ☐ DELETENAME HOLMES, JAMES R.
STREET ADDRESS 2159 CLIFFBROOK AVE
CITY-ST-ZIP PENSACOLA FL 325263.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE VSD ☐ DELETENAME FILLINGIM, RON
STREET ADDRESS 3202 SWAN LANE
CITY-ST-ZIP PENSACOLA FL4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE MD ☐ DELETENAME BLACK, REBECCA
STREET ADDRESS 6712 CHELSEA ST
CITY-ST-ZIP PENSACOLA FL5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE MD ☐ DELETENAME BYRD, JIM
STREET ADDRESS 7732 CHESTERFIELD RD
CITY-ST-ZIP PENSACOLA FL6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 # 0072874

2/24/97 904-453-2093

CR2E037 (9/96)