


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N47467 1. Entity Name EMERALD COAST ACADEMY, INC.	
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Principal Place of Business 3479 MAI KAI DRIVE PENSACOLA, FL 32526 US	Mailing Address 3479 MAI KAI DRIVE PENSACOLA, FL 32526 US
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01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3108427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KRUCKE, HERMINA 3479 MAI KAI DRIVE PENSACOLA, FL 32526

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: <u>Hermine Krucke</u> <u>1/05/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000578914 01/09/07-80047-025 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHANCELLOR, SHERRY F 2601 PLEASANT VALLEY DRIVE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRUCKE, HANS 3479 MAI KAI DRIVE PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BYRD, MARJORIE 7732 CHESTERFIELD ROAD PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KRUCKE, HERMINA 3479 MAI KAI DRIVE PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE: <u>Hermine Krucke</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>January 5, 2007</u> <u>850-453-2093</u> <small>Daytime Phone #</small>
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