2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2014
Secretary of State
CC3431227598

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Entity Name: EMERALD COAST AUTISM CENTER INC

Current Principal Place of Business:

315 EDGE AVE
VALPARAISO, FL 32580

Current Mailing Address:

315 EDGE AVE
VALPARAISO, FL 32580 US

FEI Number: 27-0263926

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COPUS, JENNIFER H
1186 EGLIN PARKWAY
SHALIMAR, FL 32579 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 — Date

Officer/Director Detail :

Title	D
Name	BERRYMAN, ALAN
Address	890 COLDWATER CREEK CIRCLE
City-State-Zip:	NICEVILLE FL 32578

Title	D, S
Name	FONSECA, ARNALDO
Address	303 RIVERWOOD DRIVE
City-State-Zip:	CRESTVIEW FL 32536

Title	D
Name	ALLEN, MIKE
Address	315 EDGE AVE
City-State-Zip:	VALPARAISO FL 32580

Title	D
Name	FARRELL, ANDREA
Address	315 EDGE AVE.
City-State-Zip:	VALPARAISO FL 32580

Title	D
Name	BERRYMAN, STACI
Address	890 COLDWATER CREEK CIRCLE
City-State-Zip:	NICEVILLE FL 32578

Title	CEOT
Name	BLALOCK, HEIDI
Address	8012 FOX HEAD BRANCH TRAIL
City-State-Zip:	NICEVILLE FL 32578

Title	D
Name	COPUS, JENNIFER
Address	1186 EGLIN PKWY
City-State-Zip:	SHALIMAR FL 32579

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: HEIDI BLALOCK CEO/TREASURER 03/20/2014

Electronic Signature of Signing Officer/Director Detail — Date