2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2025
Secretary of State
4784385694CC

DOCUMENT# N09000005339

Entity Name: EMERALD COAST AUTISM CENTER INC

Current Principal Place of Business:

80 COLLEGE BLVD E
NICEVILLE, FL 32578

Current Mailing Address:

80 COLLEGE BLVD E
NICEVILLE, FL 32578 US

FEI Number: 27-0263926

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COPUS, JENNIFER H
25 WALTER MARTIN ROAD NE
SUITE 200
FORT WALTON BEACH, FL 32548 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	159B MONAHAN DRIVE
City-State-Zip:	FORT WALTON BEACH FL 32547

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

Title	D
Name	WATSON, MELISSA
Address	80 COLLEGE BLVD E
City-State-Zip:	NICEVILLE FL 32578

Title	D
Name	WHITE, RANDY
Address	80 COLLEGE BLVD. E
City-State-Zip:	NICEVILLE FL 32578

Title	D, SECRETARY
Name	BERRYMAN, STACI
Address	159B MONAHAN DRIVE
City-State-Zip:	FORT WALTON BEACH FL 32547

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

Title	D
Name	DENAIS, BAMBI
Address	80 COLLEGE BLVD E
City-State-Zip:	NICEVILLE FL 32578

Title	DIRECTOR
Name	ASHCRAFT, PAMELA
Address	201 DONAGHEY AVE. IHSB #415
City-State-Zip:	CONWAY AR 72035

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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 02/18/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CORRIVEAU, ELIZABETH
Address	80 COLLEGE BLVD E
City-State-Zip:	NICEVILLE FL 32578

Title	DIRECTOR
Name	ARTEAGA, SANDY
Address	80 COLLEGE BLVD E
City-State-Zip:	NICEVILLE FL 32578