

**2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 15, 2007  
Secretary of State**

DOCUMENT# N00000008439

Entity Name: EARLY LEARNING COALITION OF DUVAL, INC.

**Current Principal Place of Business:**

6850 BELFORT OAKS PLACE  
SUITE 102  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

6850 BELFORT OAKS PLACE  
SUITE 102  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 59-3688924      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MAIN, SUSAN  
6850 BELFORT OAKS PLACE  
SUITE 102  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

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: SUSAN MAIN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DC      ( ) Delete  
Name: CRAWFORD, TONY  
Address: 989 PONTE VEDRA BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DV      ( ) Delete  
Name: FERRELL-BIRCHFIELD, DANA  
Address: 807 CHILDRENS WAY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DT      ( ) Delete  
Name: RAMSEY, SANDRA  
Address: 6630 SOUTHPPOINT PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ED      ( ) Delete  
Name: MAIN, SUSAN  
Address: 6850 BELFORT OAKS PLACE, SUITE #102  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN MAIN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

ED

10/15/2007

\_\_\_\_\_  
Date