

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2009
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 ()

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:

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

Title: DS () Delete
Name: BROWN, MICHELLE
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:

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

ED

01/14/2009

Electronic Signature of Signing Officer or Director

Date