

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008439

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** EARLY LEARNING COALITION OF DUVAL, INC.

**Current Principal Place of Business:**

8301 CYPRESS PLAZA DR.  
SUITE 201  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

8301 CYPRESS PLAZA DR.  
SUITE 201  
JACKSONVILLE, FL 32256

**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  
8301 CYPRESS PLAZA DR.  
SUITE 201  
JACKSONVILLE, FL 32256 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  
Name: CRAWFORD, TONI  
Address: 989 PONTE VEDRA BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DV  
Name: RUBIO, MARIO  
Address: 12906 BEAUTYBERRY CIR., S.  
City-St-Zip: JACKSONVILLE, FL 32246

Title: DT  
Name: RAMSEY, SANDRA  
Address: 6630 SOUTHPOINT PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ED  
Name: MAIN, SUSAN  
Address: 8301 CYPRESS PLAZA DR.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DS  
Name: COSGROVE, MADELAINE  
Address: 12000 ALUMNI DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

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: SUSAN MAIN

ED

04/11/2012

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

\_\_\_\_\_  
Date