

FILED
May 30, 2002 8:00 am
Secretary of State

05-02-2002 90131 014 ****61.25

DOCUMENT # N96000006211

1. Entity Name
 FLORIDA COMMUNITY COLLEGE EARLY CHILDHOOD EDUCATOR'S NETWORK ✓

Principal Place of Business / Mailing Address
 CENTRAL FLORIDA COMMUNITY COLLEGE P.O. BOX 1388
 Ocala, FL 34478-1388

2. Principal Place of Business / 3. Mailing Address
 Central FL. Community College / CFCC

Suite, Apt. #, etc. / Suite, Apt. #, etc.
 3001 SW College Road / PO Box 1388

City & State / City & State
 Ocala, FL / Ocala, FL

Zip / Zip
 34474 / 34478-1388

4. FEI Number: 59-1211999
 Applied For: Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired: \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 KYLE, MARYBETH
 CENTRAL FLORIDA COMMUNITY COLLEGE
 3001 SW College Road
 Ocala, FL 34474

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

8. 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: *Marybeth Kyle*

4/16/02
 DATE

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Camerin, Elaine M 1200 W. International Speedway Blvd Daytona Beach, FL 32114 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Marcia Garman P.O. Box 5096 Tampa, FL 33675 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Marybeth Kyle CFCC 3001 SW College Rd. Ocala, FL 34474 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Victoria Candelora BCC, 3805 NW Wickman Rd Melbourne, FL 32435 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lauren Pasquale PBCC, 3000 St. Lucie Ave Boca Raton, FL 33431 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marybeth Kyle*

5/2/02
 DATE

Signature Also Typed or Printed Name of Signing Officer or Director

Daytime Phone #