


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000006211
1. Entity Name
FLORIDA COMMUNITY COLLEGE EARLY CHILDHOOD
EDUCATORS' NETWORK, INC.



Principal Place of Business CENTRAL FLORIDA COMMUNITY COLLEGE 3001 SW COLLEGE ROAD OCALA, FL 34474	Mailing Address CFCC P.O. BOX 1388 OCALA, FL 34478-1388
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04262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3437446	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KYLE, MARYBETH
CENTRAL FLA COMMUNITY COLLEGE
3001 SW COLLEGE ROAD
OCALA, FL 34474

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2004**

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

000000146207
05/03/04-80055-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HIGHTOWER, SANDY 999 AVENUE H N.E. WINTER HAVEN, FL 338814299
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT KYLE, MARY B CFCC, 3001 SW COLLEGE OCALA, FL 32678
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CANDELORA, VICTORIA BCC 3865 N. WICKHAM RD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GARMAN, MARCIA HCC, PO BOX 5096 TAMPA, FL 336755096
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMERON, ELAINE M 1200 W. INTERNATIONAL SPEEDWAY BLVD. BOCA RATON, FL 32114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: *Mary Beth Kyle* 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #