

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005880

FILED
Mar 04, 2009
Secretary of State

Entity Name: EARLY LEARNING COALITION OF OSCEOLA COUNTY, INC.

Current Principal Place of Business:

1631 EAST VINE STREET
SUITE E
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

1631 EAST VINE STREET
SUITE E
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 31-1768530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANG, TOM
SHUFFIELD, LOWMAN & WILSON, P.A.
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

LEE, STEPHEN P
3911 SOUTHEAST 52ND STREET
OCALA, FL 34480 US

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: STEPHEN P. LEE

03/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VC () Delete
Name: COOPER, MARY
Address: 1481 RIVIERA DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: DC () Delete
Name: ROGERS, CHARLES
Address: 920 N. JOHN YOUNG PARKWAY
City-St-Zip: KISSIMMEE, FL 34741

Title: S () Delete
Name: BOYD, DRINE
Address: 2713 MICHIGAN AVE
City-St-Zip: KISSIMMEE, FL 34744

Title: T () Delete
Name: WEISE, STEPHANIE
Address: 2450 MICHIGAN AVE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: COOPER, MARY
Address: 1481 RIVIERA DRIVE
City-St-Zip: KISSIMMEE, FL 34744

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

Title: S (X) Change () Addition
Name: LANG, TOM
Address: 1925 EAST IRLO BRONSON MEMORIAL HIGHWAY
City-St-Zip: KISSIMMEE, FL 34744

Title: VC (X) Change () Addition
Name: ELLIS, NANCY
Address: 2956 STILLWATER DRIVE
City-St-Zip: KISSIMMEE, FL 34743

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 SUNKA

ED

03/04/2009

Electronic Signature of Signing Officer or Director

Date