

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002431

Entity Name: EARLY LEARNING COALITION OF MIAMI-DADE/MONROE, INC.**Current Principal Place of Business:**2555 PONCE DE LEON BLVD
SUITE 500
CORAL GABLES, FL 33134**Current Mailing Address:**2555 PONCE DE LEON BLVD
SUITE 500
CORAL GABLES, FL 33134 US**FEI Number:** 65-1122406**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARRINO, ANGELO
2555 PONCE DE LEON BLVD. #500
CORAL GABLES, FL 33134 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	C
Name	ALFONSO, ADRIAN
Address	2121 PONCE DE LEON BLVD STE 560
City-State-Zip:	CORAL GABLES FL 33134
Title	SDA
Name	PARRINO, ANGELO
Address	255 PONCE DE LEON BLVD #500
City-State-Zip:	CORAL GABLES FL 33134
Title	S
Name	BENFORD, RUSSELL
Address	111 NW 1 STREET 9TH FLOOR
City-State-Zip:	MIAMI FL 33128

Title	PCEO
Name	TORRES, EVELIO C
Address	2555 PONCE DE LEON BLVD #500
City-State-Zip:	CORAL GABLES FL 33144
Title	VC
Name	FERRADAZ, GILDA P
Address	401 NW 2 AVE N-1007
City-State-Zip:	MIAMI FL 33128
Title	T
Name	EADIE, ROBERT
Address	1100 SIMONTON STREET OFFICE 37
City-State-Zip:	KEY WEST FL 33040

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: ANGELO PARRINO

COO

03/20/2017

Electronic Signature of Signing Officer/Director Detail_____
Date