

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003156

Entity Name: EARLY LEARNING COALITION OF LAKE COUNTY, INC.**Current Principal Place of Business:**1300 CITIZENS BLVD.,
SUITE 206
LEESBURG, FL 34748**Current Mailing Address:**1300 CITIZENS BLVD.
SUITE 206
LEESBURG, FL 34748**FEI Number:** 59-3666873**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BUCHBINDER, LESHA
1300 CITIZENS BLVD
SUITE 206
LEESBURG, FL 34748 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	CHAIRMAN
Name	THOMPSON, BYRON E
Address	1300 CITIZENS BLVD., SUITE 206
City-State-Zip:	LEESBURG FL 34748

Title	FD
Name	STORMAN, SYLVIA
Address	1300 CITIZENS BLVD SUITE 206
City-State-Zip:	LEESBURG FL 34748

Title	TREASURER
Name	VANDYKEN, CAROLINE
Address	1300 CITIZENS BLVD., SUITE 206
City-State-Zip:	LEESBURG FL 34748

Title	ED
Name	BUCHBINDER, LESHA
Address	1300 CITIZENS BLVD., SUITE 206
City-State-Zip:	LEESBURG FL 34748

Title	VC
Name	MOORE, SANDI
Address	1300 CITIZENS BLVD., SUITE 206
City-State-Zip:	LEESBURG FL 34748

Title	SECRETARY
Name	WEST, KAREN
Address	1300 CITIZENS BLVD., SUITE 206
City-State-Zip:	LEESBURG FL 34748

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: LESHA BUCHBINDER**EXECUTIVE DIRECTOR****02/25/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date