

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008439

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC3848141179**

**Entity Name:** EARLY LEARNING COALITION OF DUVAL, INC.

**Current Principal Place of Business:**

8301 CYPRESS PLAZA DR.  
SUITE 201  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8301 CYPRESS PLAZA DR.  
SUITE 201  
JACKSONVILLE, FL 32256

**FEI Number:** 59-3688924

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAIN, SUSAN  
8301 CYPRESS PLAZA DR.  
SUITE 201  
JACKSONVILLE, FL 32256 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 DC  
Name CHAPMAN, JENNIFER  
Address 4601 TOUCHTON RD  
BLDG. 400 JV1A  
City-State-Zip: JACKSONVILLE FL 32245

Title DV  
Name HART, CURTIS  
Address 8051 TARA LANE  
City-State-Zip: JACKSONVILLE FL 32216

Title DT  
Name ROWE, MARCUS  
Address 50 N. LAURA ST.  
SUITE 3700  
City-State-Zip: JACKSONVILLE FL 32202

Title ED  
Name MAIN, SUSAN  
Address 8301 CYPRESS PLAZA DR.  
City-State-Zip: JACKSONVILLE FL 32256

Title DS  
Name LITTLE, THERESA  
Address 720 ARLINGTON RD.  
City-State-Zip: JACKSONVILLE FL 32211

*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:** SUSAN MAIN

**EXECUTIVE DIRECTOR**

**04/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

Date