

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006840

**Entity Name:** EARLY LEARNING CHILDREN'S FOUNDATION, INC.**Current Principal Place of Business:**220 ALHAMBRA CIRCLE  
SUITE 320  
CORAL GABLES, FL 33134**Current Mailing Address:**1825 PONCE DE LEON BLVD.  
# 447  
CORAL GABLES, FL 33134 US**FEI Number:** 45-4592661**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORAL GABLES COMMUNITY FOUNDATION  
1825 PONCE DE LEON BLVD.  
# 447  
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:** RAMIRO FERNANDEZ, MPA - FINANCE DIRECTOR

04/28/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CHAIR
Name	PEREZ, CARLOS
Address	1825 PONCE DE LEON BLVD. # 447
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	BRUNO, MATTHEW
Address	1825 PONCE DE LEON BLVD. # 447
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	MORALES, RAUL
Address	1825 PONCE DE LEON BLVD. # 447
City-State-Zip:	CORAL GABLES FL 33134

Title	FISCAL SPONSOR
Name	THE CORAL GABLES COMMUNITY FOUNDATION
Address	1825 PONCE DE LEON BLVD. # 447
City-State-Zip:	CORAL GABLES FL 33134

*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:** RAMIRO FERNANDEZ, MPA, ON BEHALF OF THE  
CORAL GABLES COMMUNITY FOUNDATION

FINANCE DIRECTOR

04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date