

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008023

Entity Name: EARLY CHILDHOOD ASSOCIATION OF SARASOTA CORPORATION**FILED**
Feb 21, 2014
Secretary of State
CC1672714609**Current Principal Place of Business:**2700 N. MACDILL AVENUE
SUITE 107
TAMPA, FL 33607**Current Mailing Address:**2700 N. MACDILL AVENUE
SUITE 107
TAMPA, FL 33607 US**FEI Number: 20-1194272****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GELLENS, SUZANNE
2700 N. MACDILL AVENUE
SUITE 107
TAMPA, FL 33607 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 D
Name BROWN, DEBRA J
Address 4542 N LAKE DRIVE
City-State-Zip: SARASOTA FL 34232Title VP
Name BUNDY, MICHELLE
Address 3226 FAUNA STREET
City-State-Zip: SARASOTA FL 34235Title D
Name HARRIS, WENDY
Address 2819 NASSAU STREET
City-State-Zip: SARASOTA FL 34231Title D
Name JACOBY, JILL C
Address 109 PALM AVENUE
City-State-Zip: NOKOMIS FL 34275Title D
Name MCDOWELL, CINDY M
Address 1015 BECKLEY CIRCLE
City-State-Zip: VENICE FL 34292-3938Title PRESIDENT
Name SNYDER, CONSTANCE J
Address 3634 PINE ROAD
City-State-Zip: VENICE FL 34293Title CORRESPONDING SECRETARY
Name MEDICO, SHERRI
Address 800 MCINTOSH RD
City-State-Zip: SARASOTA FL 34232

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: JILL C JACOBY**TREASURER****02/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date