

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000006211

**FILED**  
**Jan 21, 2015**  
**Secretary of State**  
**CC1050441491**

**Entity Name:** FLORIDA COMMUNITY COLLEGE EARLY CHILDHOOD EDUCATORS' NETWORK, INC.

**Current Principal Place of Business:**

SEMINOLE STATE COLLEGE  
100 WELDON BLVD  
SANFORD, FL 32773

**Current Mailing Address:**

SEMINOLE STATE COLLEGE  
100 WELDON BLVD  
SANFORD, FL 32773

**FEI Number: 59-3437446**

**Certificate of Status Desired: No**

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

ROBERTSON, NANA  
SEMINOLE STATE COLLEGE  
100 WELDON BLVD  
SANFORD, FL 32773 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            O  
Name            METCALFE, DEBRA  
Address        999 AVE. H NE/STATION 61  
City-State-Zip: WINTER HAVEN FL 33881

Title            O  
Name            ROBERTSON, NANA  
Address        SSC- 100 WELDON BLVD  
City-State-Zip: SANFORD FL 32773

Title            O  
Name            RAHAMAN, BEBE  
Address        CCF - 3001 SW COLLEGE  
City-State-Zip: OCALA FL 34474

*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: NANA ROBERTSON**

**TREASURE**

**01/21/2015**

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

\_\_\_\_\_  
Date