


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90092 046 ****61.25

DOCUMENT # 723653 1. Entity Name EARLY EDUCATION AND CARE, INC.					
Principal Place of Business 450 JENKS AVE. PANAMA CITY, FL 32401			Mailing Address 450 JENKS AVE. PANAMA CITY, FL 32401		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1376048	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, MONA 450 JENKS AVENUE PANAMA CITY, FL 32401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, LAURA 2909 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, PAULA DR. 1616 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WRIGHT, EDWARD DR PO BOX 1820 PANAMA CITY, FL 32402 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, JAY 807 BUENA VISTA BLVD. PANAMA CITY, FL 32401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hall, Jay 807 Buena Vista Blvd. Panama City, FL 32401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAYO, CLINT 2916 FAIRMONT DR. PANAMA CITY, FL 32405 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mayo, Clint 2916 Fairmont Drive Panama City, FL 32405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THREATT, RETHNA 1022 W. 23RD ST. PANAMA CITY, FL 32405 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Threatt, Retha 1022 W. 23rd St. Panama City, FL 32405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/15/08 Daytime Phone # (850) 763-0646		

ATTACHMENT

40075529
#723653

Additional Early Education and Care, Inc. Board of Directors

Title: VP
Peters, Alvin
25 E. 8th Street
Panama City, FL 32401

Title: D
Warner, Tim
P.O. Box 1820
Panama City, FL 32402

Title: D
Gibbs, Serina
1407 Connecticut Avenue
Lynn Haven, FL 32444

Title: Emeritus Director
Chapman, Jeannette
3417 Robinson Bayou Circle
Panama City, FL

Title: D
Mayo, Rhonda
2916 Fairmont Drive
Panama City, FL 32405

Title: D
Pettis, Mary Ellen
2509 W. 9th Street
Panama City, FL 32401

Title: D
McSpadden, Bernice
3001 W. 10th Street
#416
Panama City, FL 32401

Title: D
Noll, Barri
942 Rosemont Drive
Panama City, FL 32405