


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90251 028 ****61.25

DOCUMENT # N00000001953					
1. Entity Name EARLY LEARNING COALITION OF PASCO AND HERNANDO COUNTIES, INC.					
Principal Place of Business 7147 CONGRESS STREET NEW PORT RICHEY, FL 34653			Mailing Address P.O. BOX 669 NEW PORT RICHEY, FL 34656		
2. Principal Place of Business 15506 County Line Road Suite, Apt. #, etc. Suite 103 City & State Spring Hill, FL Zip 34610 Country Pasco		3. Mailing Address 15506 County Line Road Suite, Apt. #, etc. Suite 103 City & State Spring Hill, FL Zip 34610 Country Pasco			
03062006 Chg-NP CR2E037 (11/05)		4. FEI Number 59-3639528			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TORRENCE, ALFRED W JR. 6645 RIDGE RD. PORT RICHEY, FL 34668			7. Name and Address of New Registered Agent Name <u>Jo-Ann Kay Fuller</u> Street Address (P.O. Box Number is Not Acceptable) 15506 County Line Road Suite 103 City <u>Spring Hill</u> <u>FL</u> Zip Code <u>34610</u>		
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 <u>Jo-Ann Kay Fuller</u> <u>Jo-Ann Kay Fuller</u> <u>3-8-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 MARSHALL, DAVE 101E KENNEDY BOULEVARD, SUITE 3100 TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C Lisa Hammond 6147 Deltona Boulevard Spring Hill, FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M. GARRETT, JAMES R 7147 CONGRESS STREET NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	M Jo-Ann Kay Fuller 15506 County Line Road, Suite 103 Spring Hill, FL 34610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CADMUS, EVAN 7227 LAND O'LAKES BLVD. LAND O'LAKES, FL 34639	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Jean Rags 20 N. Main Street Brooksville, FL 34601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YACHT, MARC 10841 LITTLE ROAD. NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC Ben Shirley 11351 Wilmerton Road, Suite 100 Largo, FL 33778	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAILEY, ROBERTA P.O. BOX 2450 ST. LEO, FL 33574	<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input 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: <u>Jo-Ann Kay Fuller</u> <u>Jo-Ann Kay Fuller</u> <u>3-8-06</u> <u>727-233-8192</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					