2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007
Secretary of State

DOCUMENT# N00000001985

Entity Name: EARLY LEARNING COALITION OF ST. LUCIE COUNTY, INC.

Current Principal Place of Business:

804 S. SIXTH STREET
FT. PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

804 S. SIXTH STREET
FT. PIERCE, FL 34950

New Mailing Address:

FEI Number: 59-3679509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ARCHER, NANCY
804 S. SIXTH STREET
FT. PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: LOUPE, TONY
Address: 2211 OKEECHOBEE ROAD
City-St-Zip: FORT PIERCE, FL 34950

Title: TD ( ) Delete
Name: THOMPSON, GWENDA
Address: 9350 S. US #1
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: SD ( ) Delete
Name: MILLER, MICHELLE
Address: 800 VIRGINIA AVE, SUITE 56
City-St-Zip: FORT PIERCE, FL 34982

Title: ED ( ) Delete
Name: NANCY, ARCHER
Address: 804 S. SIXTH STREET
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NANCY ARCHER ED 07/12/2007
Electronic Signature of Signing Officer or Director — Date