

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001985

FILED  
Jan 08, 2008  
Secretary of State

**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 ( )**

**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: CD (X) Change ( ) Addition  
Name: LOUPE, TONY  
Address: 3730 7TH TERRACE  
City-St-Zip: VERO BEACH, FL 32960

Title: TD (X) Change ( ) Addition  
Name: THOMPSON, GWENDA  
Address: 584 NW UNIVERSITY BLVD., SUITE 100  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: SD (X) Change ( ) Addition  
Name: MILLER-MORRIS, MICHELLE  
Address: 8505 SOUTH FEDERAL HIGHWAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

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

01/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date