

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # N00000003138

1. Entity Name
**THE EARLY LEARNING COALITION OF FLAGLER AND
VOLUSIA COUNTIES, INC.**



Principal Place of Business
**230 N. BEACH ST
DAYTONA BEACH, FL 32114 US**

Mailing Address
**230 N. BEACH ST
DAYTONA BEACH, FL 32114 US**



01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3646549

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STARK, VICTORIA
230 N. BEACH ST
DAYTONA BEACH, FL 32114**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
DENYS, DEBORAH
P.O. BOX 714
NEW SMYRNA BEACH, FL 32170**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
DAVIES, JONATHAN
1440 STEVEN AVE
DELAND, FL 32720**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BELAVEK, CAROLE
329 BILL FRANCE BLVD
DAYTONA BEACH, FL 32114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LEWIS, BETSY
210 N PALMETTO AVE
DAYTONA BEACH, FL 32114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000822951
02/20/08-80018-025 61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-323-2400

Date

Daytime Phone