

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 12, 2005
Secretary of State**

DOCUMENT# N00000003156

Entity Name: EARLY LEARNING COALITION OF LAKE COUNTY, INC.

Current Principal Place of Business:1504 SOUTH STREET
LEESBURG, FL 34748**New Principal Place of Business:****Current Mailing Address:**1504 SOUTH STREET
LEESBURG, FL 34748**New Mailing Address:**

FEI Number: 59-3666873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:THOMPSON, B. E.
1504 SOUTH STREET
LEESBURG, FL 34748 US**Name and Address of New Registered Agent:**LAKE COUNTY SCHOOL READINESS COALITION, IN
1504 SOUTH STREET
LEESBURG, FL 34748 US

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: WILL PRUITT

08/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: CD () Delete
Name: THOMPSON, B.E.
Address: 1504 SOUTH STREET
City-St-Zip: LEESBURG, FL 34748Title: VCD () Delete
Name: LEE, EMILY
Address: 1504 SOUTH STREET
City-St-Zip: LEESBURG, FL 34748Title: TD () Delete
Name: SMITH, SCOTT
Address: 1504 SOUTH STREET
City-St-Zip: LEESBURG, FL 34748Title: SD () Delete
Name: ADKINSON, JANICE
Address: 1504 SOUTH STREET
City-St-Zip: LEESBURG, FL 34748Title: MD (X) Delete
Name: BOONE, RHONDA PH.D.
Address: 1504 SOUTH STREET
City-St-Zip: LEESBURG, FL 34748**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: CD (X) Change () Addition
Name: PRUITT, WILL
Address: 1504 SOUTH STREET
City-St-Zip: LEESBURG, FL 34748 USTitle: VCD (X) Change () Addition
Name: THOMPSON, B.E.
Address: 1504 SOUTH STREET
City-St-Zip: LEESBURG, FL 34748 USTitle: ED (X) Change () Addition
Name: COFFIELD, LESHA
Address: 1504 SOUTH STREET
City-St-Zip: LEESBURG, FL 34748 USTitle: FD (X) Change () Addition
Name: HARVEY, KAY
Address: 1504 SOUTH STREET
City-St-Zip: LEESBURG, FL 34748 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LESHA COFFIELD

ED

08/12/2005

Electronic Signature of Signing Officer or Director

Date