

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 13, 2006  
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:**

COFFIELD, LESHA  
1504 SOUTH STREET  
LEESBURG, FL 34748      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: PRUITT, WILL  
Address: 1504 SOUTH STREET  
City-St-Zip: LEESBURG, FL 34748 US

Title: VCD      ( ) Delete  
Name: THOMPSON, B.E.  
Address: 1504 SOUTH STREET  
City-St-Zip: LEESBURG, FL 34748 US

Title: ED      ( ) Delete  
Name: COFFIELD, LESHA  
Address: 1504 SOUTH STREET  
City-St-Zip: LEESBURG, FL 34748 US

Title: FD      ( ) Delete  
Name: HARVEY, KAY  
Address: 1504 SOUTH STREET  
City-St-Zip: LEESBURG, FL 34748 US

**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 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: LESHA COFFIELD

ED

04/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date