

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003156

FILED
Mar 05, 2008
Secretary of State

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: FD (X) Change () Addition
Name: ADDERLEY, GAIL
Address: 1504 SOUTH STREET
City-St-Zip: LEESBURG, FL 34748 US

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: GAIL ADDERLEY

FD

03/05/2008

Electronic Signature of Signing Officer or Director

Date