2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003385

FILED May 09, 2005 Secretary of State

Entity Name: EARLY LEARNING COALITION OF INDIAN RIVER, MARTIN AND OKEECHOBEE COUNTIES, INC.

Current Principal Place of Business: New Principal Place of Business: 2020 SE OCEAN BLVD. STUART, FL 34996 **Current Mailing Address: New Mailing Address:** 2020 SE OCEAN BLVD. STUART, FL 34996 FEI Number: 65-1035652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FAULK, OLAN J ED 2020 SÉ OCEAN BLVD. STUART, FL 34996 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition OLSSON, CHUCK Name: Name: 2020 SE OCEAN BLVD. Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: Title: DVC () Delete Title: (X) Change () Addition GRIGGS, NAN Name: GRIGGS, NAN Name: Address: 2020 SE OCEAN BLVD Address: 2020 SE OCEAN BLVD City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34996 Title: DT () Delete Title: (X) Change () Addition BECK, PEG MILLER, KEN Name: Name: 2020 SE OCEAN BLVD Address: 2020 SE OCEAN BLVD Address: City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34996 Title: () Delete Title: () Change () Addition Name: GWENDA, THOMPSON Name: 2020 SE OCEAN BLVD Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: Title: () Delete Title: (X) Change () Addition PLYMALE, SHERRY PERRY, SANDY Name: Name: 2020 SE OCEAN BLVD 2020 SE OCEAN BLVD Address: Address: STUART, FL 34996 STUART, FL 34996 City-St-Zip: 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: CHUCK OLSSON DC 05/09/2005