2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 8:00 am Secretary of State

ANNUAL REPORT									Secretary of State					
DOCUMENT # N0000003385 1. Entity Name EARLY LEARNING COALITION OF INDIAN RIVER, MARTIN AND OKEECHOBEE COUNTIES, INC.											02-05-2007	•		
Principal Place of Business 2415 SOUTH 29TH ST. FORT PIERCE, FL 34981					241	Mailing Address 2415 SOUTH 29TH ST. FORT PIERCE, FL 34981				. 12811181 11 121	11 20 116 02 711 02 711 0 0	ifi Gemi eripi	S 11185 21151 28681 S1	HITT SI (SDI
2. Principal Place of Business No P.O. Box #					3. Mailing Address 10 SE CENTRAL PKWY									
Suite, Apt. #, etc. 400				Suite, Apt. #, etc. 400					01152007	Chg-NP	CR2E	037 (12/06)		
City & State FL					5	Sity & State FL				4. FEI Number 65-10356	52			oplied For ot Applicable
^{Zip} 349				Country LUS 1 nd Address of Current F		34994		untry USA		5. Certificate of		₫′	\$8.75 Add Fee Require	
	6. Name	and A	ddres	s of Current	Register	ed Agent	-	Name		7. Name and Ac	Idress of New I	Registered	f Agent	
RODEN, G 2345 14TH VERO BEA	I AVENUE	, SUI							dress (F	P.O. Box Number i	s Not Acceptabl	e)		
								City				F	L Zip Cod	e
	named entity ions of regist			s statement f	or the purp	oose of changing	ts register	ed office or re	egister	ed agent, or both,	in the State of FI	orida. I ar	n familiar with,	and accept
SIGNATURE .	Signature, typed	or printer		of registered agen	t and title it ap	plicable. (Ne	OTE: Registere	ed Agent signature	Deviuper e	when reinstating)		DATE		
SIGNATURE .	Signature, typed Filing Fe Due by N	e is :	d name c	25	t and title if ap	9. Election C Trust Fund	ampaign f	inancing		when reinstating) \$5.00 May Be Added to Fees		fake che	ck payable t artment of S	
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10. TITLE NAME STREET ADDRESS	D RODEN, 0	GERAH AVE	0 name c \$61.2 , 200 OFFIC LD T E., STI FL 3	ESQ. E. 3 2969	*	9. Election C Trust Fund	ampaign f Contribut 11. TITE NAM STR CITY	E EET ADDRESS (-ST-ZIP]	\$5.00 May Be Added to Fees	Fio	flake che rida Dep	ck payable t artment of S DIRECTORS IN	tate I 10
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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 employered 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 of the corporation of the receiver or trustee employered.

SIGNATURE:

IGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07

772-220-1220

Daytime Phone #