## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000003385

Apr 22, 2009 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:

10 SE CENTRAL PKWY SUITE 400 STUART, FL 34994

Current Mailing Address: New Mailing Address:

10 SE CENTRAL PKWY SUITE 400 STUART, FL 34994

FEI Number: 65-1035652 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FILIVERTO, VALERO

2650 SW MATHESON AVE

1380 HIDEAWAY BEND

WEST DALM PEACLES

PALM CITY, FL 34990 US WEST PALM BEACH, FL 33414 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: FILIBERTO VALERO 04/22/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: VALERO, FILIBERTO Name: VALERO, FILIBERTO

Address: 2650 SW MATHESON AVE Address: 1380 HIDEAWAY BEND
City-St-Zip: PALM CITY, FL 34990 City-St-Zip: WEST PALM BEACH, FL 33414

Title: D ( ) Delete Title: ED (X) Change ( ) Addition

Name: GRIGGS, NAN Name: JACKSON, JACKI G

Address: 2571 NE OCEAN BLVD. #302 Address: 10 SE CENTRAL PARKWAY #400

City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34994

Title: D () Delete Title: () Change () Addition

 Name:
 PEER, TOM
 Name:

 Address:
 337 NORTH 4 ST #A
 Address:

 City-St-Zip:
 FORT PIERCE, FL 34950
 City-St-Zip:

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: JACKI G JACKSON ED 04/22/2009