

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003385

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

10 SE CENTRAL PKWY  
SUITE 400  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

10 SE CENTRAL PKWY  
SUITE 400  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 65-1035652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALERO, FILIBERTO  
1380 HIDEAWAY BEND  
WEST PALM BEACH, FL 33414 US

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

VALERO, FILIBERTO  
1501 NE OCEAN BLVD APT12  
STUART, FL 34996 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/14/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: VALERO, FILIBERTO  
Address: 1501 NE OCEAN BLVD APT12  
City-St-Zip: STUART, FL 34996

Title: ED  
Name: JACKSON, JACKI G  
Address: 10 SE CENTRAL PARKWAY #400  
City-St-Zip: STUART, FL 34994

Title: D  
Name: PEER, TOM  
Address: 337 NORTH 4 ST #A  
City-St-Zip: FORT PIERCE, FL 34950

I hereby 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 all other like empowered.

SIGNATURE: JACKI JACKSON

ED

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date