## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000003686

FILED Apr 11, 2008 Secretary of State

Entity Name: THE EARLY LEARNING COALITION OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:** New Principal Place of Business: 5256 SUMMERLIN COMMONS BLVD. SUITE 201 5256 SUMMERLIN COMMONS BLVD. FT MYERS, FL 33907 SUITE 201 FT MYERS, FL 33907 **Current Mailing Address:** New Mailing Address: 5256 SUMMERLIN COMMONS BLVD. SUITE 201 5256 SUMMERLIN COMMONS BLVD. FT MYERS, FL 33907 SUITE 201 FT MYERS, FL 33907 FEI Number: 65-1144775 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: SAUNDERS, BARBARA REYNOLDS, KATHLEEN 12651 MCGREGOR BLVD 5256 SUMMERLIN COMMONS BLVD. STE 4-402 SUITE 201 FT MYERS, FL 33919 US FT MYERS, FL 33907 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: KATHLEEN REYNOLDS 04/11/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PATERNO, JOE Name: Name: 9530 MARKETPLACE RD-SUITE 104 Address: Address: City-St-Zip: FT MYERS, FL 33912 City-St-Zip: Title: ED () Delete Title: (X) Change ( ) Addition ED SAUNDERS, BARBARA Name: REYNOLDS, KATHLEEN Name: Address: 12561 MCGREGOR BLVD STE 4-402 Address: 5256 SUMMERLIN COMMONS BLVD., STE 201 City-St-Zip: FT MYERS, FL 33919 City-St-Zip: FT MYERS, FL 33907 Title: CC () Delete Title: () Change () Addition CECIL, SABRA Name: Name: 9990 COCONUT RD Address: Address: BONITA SPRINGS, FL 34135 City-St-Zip: City-St-Zip: (X) Change ( ) Addition Title: () Delete Title: Name: DIMMITT, ALAN Name: POPPE, GERRY 2963 GUILFORD WY Address: Address: P.O. BOX 7578 City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 33911 Title: VC () Delete Title: (X) Change ( ) Addition KEYES, PHILLIP SCHAEFFER, ELAINE Name: Name: P.O. BOX 128 8099 COLLEGE PARKWAY SW Address: Address: LABELLE, FL 33975 City-St-Zip: City-St-Zip: FT. MYERS, FL 33919

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: KATHLEEN REYNOLDS ED 04/11/2008