2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003961

FILED Jan 29, 2009 Secretary of State

Entity Name: EARLY LEARNING COALITION OF BROWARD COUNTY, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 340	5TH WAY 00 ERDALE, FL 3	3309			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
SUITE 340	5TH WAY)0 ERDALE, FL 3	3309			
FEI Number	: 65-1060848	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:	
401 N AVE FORT LAU The above	ENUE OF THE JDERDALE, F named entity e of Florida.	L 33311 US	urpose of changing its register	ed office or registered agent, or both,	
SIGNATU		nic Signature of Registered Age	ent	 Date	
	Electroi				
OFFICER	S AND DIREC			GES TO OFFICERS AND DIRECTOR:	
Γitle: Name: Address: City-St-Zip:	C (DUNCANSON, 1044 HARRISC HOLLYWOOD,	TORS:) Delete HARRY IN ST FL 33019	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTOR () Change () Addition	
Γitle: Name: Address:	C (DUNCANSON, 1044 HARRISC HOLLYWOOD, S (DWYER, JEFF 368 NE 7TH AV	TORS:) Delete HARRY IN ST FL 33019) Delete REY	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	C (DUNCANSON, 1044 HARRISC HOLLYWOOD, S (DWYER, JEFF 368 NE 7TH AV FORT LAUDER D (X LEVY, ALAN 1287 W ATLAN	PTORS: Delete HARRY DN ST FL 33019 Delete REY /E. DALE, FL 33301	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR () Change () Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	C (DUNCANSON, 1044 HARRISC HOLLYWOOD, S (DWYER, JEFF 368 NE 7TH AN FORT LAUDEF D (X LEVY, ALAN 1287 W ATLAN POMPANO BE D (SELTZER, CIN 6301 NW 5TH	TORS:) Delete HARRY NN ST FL 33019) Delete REY /E. DALE, FL 33301) Delete ITIC BLVD ACH, FL 33069) Delete	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition	

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: PENNY WESTBERRY ED 01/29/2009