

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004113

FILED
Mar 05, 2008
Secretary of State

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

Current Principal Place of Business:

4424 N.W. 13TH STREET
BLDG. A, STE 5
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

4424 N.W. 13TH STREET
BLDG. A, STE 5
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 59-3665622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TREMAINE, GORDON
4424 N.W. 13TH STREET
SUITE A-12
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: LEWIS, WENDA
Address: 621 SE DOPOT AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: VCD () Delete
Name: MONAHAN, GAIL
Address: 703 NE 1ST STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: CD () Delete
Name: MOORE, HORACE
Address: PO BOX 2146
City-St-Zip: GAINESVILLE, FL 32602

Title: SD () Delete
Name: KNOPF, DEBBY
Address: 3919 W. NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHAI (X) Change () Addition
Name: LEWIS, WENDA
Address: POB 1282
City-St-Zip: GAINESVILLE, FL 32607

Title: TREA (X) Change () Addition
Name: MCGURN, KEN
Address: POB 2900
City-St-Zip: GAINESVILLE, FL 32602

Title: SECR (X) Change () Addition
Name: SKLENS, ANNE
Address: 4823 NW 71 PLACE
City-St-Zip: GAINESVILLE, FL 32653

Title: VICE (X) Change () Addition
Name: KNOPF, DEBBY
Address: 3919 W. NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

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: ROBIN POWIS, FISCAL COORD., FOR AGENCY

FISC

03/05/2008

Electronic Signature of Signing Officer or Director

Date