2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004113

FILED Apr 03, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-3665622 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:

TREMAINE, GORDON

4424 N.W. 13TH STREET

SUITE A-12

GAINESVILLE, FL 32609 US

TREMAINE, GORDON

4424 N.W. 13TH STREET

SUITE A-5

GAINESVILLE, FL 32609 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: 04/03/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHAI () Delete Title: CHAI (X) Change () Addition

 Name:
 LEWIS, WENDA
 Name:
 LEWIS, WENDA

 Address:
 POB 1282
 Address:
 POB 1282

City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32602

Title: TREA () Delete Title: TREA (X) Change () Addition

Name: MCGURN, KEN Name: RODKIN, DANIEL

 Address:
 POB 2900
 Address:
 3000 NW 83 ST., RM S-139

 City-St-Zip:
 GAINESVILLE, FL 32602
 City-St-Zip:
 GAINESVILLE, FL 32606

Title: SECR () Delete Title: () Change () Addition

 Name:
 SKLENS, ANNE
 Name:

 Address:
 4823 NW 71 PLACE
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32653
 City-St-Zip:

Title: VICE () Delete Title: () Change () Addition

 Name:
 KNOPF, DEBBY
 Name:

 Address:
 3919 W. NEWBERRY ROAD
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32607
 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: ROBIN POWIS, FISCAL COORD, FOR AGENCY FISC 04/03/2009