

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006670

FILED
Jan 20, 2009
Secretary of State

Entity Name: EARLY LEARNING COALITION OF PUTNAM AND ST. JOHNS COUNTIES, INC.

Current Principal Place of Business:

200 REID ST.
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

200 REID ST.
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-3691819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BELL, DAWN E EX DIR
4036 WHITE PINE LANE
ST. AUGUSTINE, FL 32086 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: C () Delete
Name: PEARSON, NANCY
Address: 1000 SAWGRASS VILLAGE DRIVE, SUITE 101
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VC () Delete
Name: COFIELD, VICKIE
Address: WORKSOURCE - 400 N HWY 19, S F5
City-St-Zip: PALATKA, FL 32177

Title: S () Delete
Name: BIRNEY, JOHN
Address: 116 BREEZE HILL LANE
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: LEWIS, BETSY
Address: 210 N PALMETTO AVENUE, STE 430
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: FORRESTER, KEN
Address: 997 OXFORD DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change () Addition
Name: BIRNEY, JOHN
Address: 116 BREEZE HILL LANE
City-St-Zip: PALM COAST, FL 32137

Title: S (X) Change () Addition
Name: BROWN, MELANIE
Address: 5001 ST. JOHNS AVENUE
City-St-Zip: PALATKA, FL 32177

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DAWN E BELL

ED

01/20/2009

Electronic Signature of Signing Officer or Director

Date