

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008049

FILED
Mar 01, 2009
Secretary of State

Entity Name: EARLY YEARS EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

15275 COLLIER BLVD.
SUITE#201/311
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

15275 COLLIER BLVD.
SUITE#201/311
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 65-1061029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARMICHAEL, KEVIN ESQ
QUARLES& BRADY LLP
1395 PANTHER LANE SUITE 300
NAPLES, FL 34109 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: PRES () Delete
Name: MURPHY, LYNNE B PRESIDE
Address: 15275 COLLIER BLVD.
City-St-Zip: NAPLES, FL 34119 US

Title: T. () Delete
Name: MURPHY, THOMAS E
Address: 15275 COLLIER BLVD. STE#201/311
City-St-Zip: NAPLES, FL 34119 US

Title: SEC. () Delete
Name: DEANE, ANDREA
Address: 15275 COLLIER BLVD. STE.201/311
City-St-Zip: NAPLES, FL 34119 US

Title: DIR () Delete
Name: RICE, MARCELLA
Address: 15275 COLLIER BOULEVARD SUITE 211/311
City-St-Zip: NAPLES, FL 34419 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LYNNE B. MURPHY

PRES

03/01/2009

Electronic Signature of Signing Officer or Director

Date