

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90143 045 ****70.00

DOCUMENT # N00000008555

1. Entity Name
**EARLY LEARNING COALITION OF CLAY, NASSAU,
BAKER AND BRADFORD COUNTIES, INC.**



Principal Place of Business
**100 BELL TEL WAY
STE 100
JACKSONVILLE, FL 32216**

Mailing Address
**100 BELL TEL WAY
STE 100
JACKSONVILLE, FL 32216**

50063700



2. Principal Place of Business

1845 TOWN CENTER BLVD.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 150

Suite, Apt. #, etc.

08192005

Chg-NP

CR2E037 (10/03)

City & State

ORANGE PARK, FL

City & State

4. FEI Number

59-3694212

Applied For

Not Applicable

Zip

32003

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STOPHEL, CONNIE
100 BELL TEL WAY STE 100
JACKSONVILLE, FL 32216**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
BETHEA, MARY
23 SOUTH GREEN STREET
GREEN COVE SPRINGS, FL 32043** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WILLIAMS, ELIZABETH I
3189 DOCTORS LAKE DRIVE
ORANGE PARK, FL 32073** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MARTIN, CHRISTOPHER
400 ST JOHNS AVE.
GREEN COVE SPRINGS, FL 32043** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STOPHEL, CONNIE
100 BELL TEC WAY, STE. 100
JACKSONVILLE, FL 32216** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
DONALD C. NEAL
870 LAGUNA DRIVE
FERNANDINA, FL 32034** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
JACK BAKER, JR.
534 SOUTH SIXTH STREET
MACLENNY, FL 32063** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GLORIA L. MEARES
2734 EAST HOLLY POINT ROAD
ORANGE PARK, FL 32073** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Gloria L. Meares**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gloria L. Meares

8/25/05

Date

904-213-3999

Daytime Phone #