


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000001415 1. Entity Name EARLY LEARNING COALITION OF THE BIG BEND REGION, INC.	
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Principal Place of Business 325 JOHN KNOX ROAD BLDG. L-201 TALLAHASSEE, FL 32303	Mailing Address 325 JOHN KNOX ROAD BLDG. L-201 TALLAHASSEE, FL 32303
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3743672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DUGGAN, CHRIS 325 JOHN KNOX ROAD BLDG. L-201 TALLAHASSEE, FL 32303
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IN THIS SPACE**

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 May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD DUGGAN, CHRIS 325 JOHN KNOX ROAD, BLDG. L-201 TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JENSEN JR., CHRIS 1203 GOVERNORS SQUARE BLVD #100 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DAUGHTON, MAUREEN 215 SOUTH MONROE SUNTRUST BLDG SUITE 400 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC FEAVER, ED 115 BYRD ROAD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, KIMBERLY 325 JOHN KNOX RD BLDG F-140 TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/18/07-80017-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *CL Duggan* 01/05/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #