

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90072 002 \*\*\*\*61.25

DOCUMENT # N01000001415

1. Entity Name  
EARLY LEARNING COALITION OF THE BIG BEND  
REGION, INC.



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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-3743672

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUGGAN, CHRIS  
325 JOHN KNOX ROAD  
BLDG. L-201  
TALLAHASSEE, FL 32303

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 May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
EXD  
DUGGAN, CHRIS  
325 JOHN KNOX ROAD, BLDG. L-201  
TALLAHASSEE, FL 32303 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CHIEF EXECUTIVE OFFICER ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CD  
JENSEN JR., CHRIS  
1203 GOVERNORS SQUARE BLVD #100  
TALLAHASSEE, FL 32301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CB  
JENSEN JR., CHRIS  
1471 TIMBERLAKE RD  
TALLAHASSEE, FL 32312 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VCD  
DAUGHTON, MAUREEN  
215 SOUTH MONROE SUNTRUST BLDG SUITE 400  
TALLAHASSEE, FL 32301 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VICE CHAIR  
TONY ZARBA  
921 ALACHUA  
TALLAHASSEE, FL 32309 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SEC  
FEAVER, ED  
115 BYRD ROAD  
QUINCY, FL 32351 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
MOORE, KIMBERLY  
325 JOHN KNOX RD BLDG F-140  
TALLAHASSEE, FL 32303 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #