2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N01000001415

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3743672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUGGAN, CHRIS
325 JOHN KNOX ROAD
BLDG. L-201
TALLAHASSEE, FL 32303 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:	CEO	( ) Delete
Name:	DUGGAN, CHRIS	
Address:	325 JOHN KNOX ROAD, BLDG. L-201	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	CB	( ) Delete
Name:	JENSEN JR.,, CHRIS	
Address:	1471 TIMBERLANE RD	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	VC	( ) Delete
Name:	ZARBA, TONY	
Address:	921 ALACHUA	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	SEC	( ) Delete
Name:	FEAVER, ED	
Address:	115 BYRD ROAD	
City-St-Zip:	QUINCY, FL 32351	
Title:	T	( ) Delete
Name:	MOORE, KIMBERLY	
Address:	325 JOHN KNOX RD BLDG F-140	
City-St-Zip:	TALLAHASSEE, FL 32303	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VC	(X) Change ( ) Addition
Name:	REAMS, RODNEY	
Address:	825 E. DOGWOOD ST	
City-St-Zip:	MONTICELLO, FL 32344	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	BETHEA, JOYCE	
Address:	P.O. BOX 834	
City-St-Zip:	MADISON, FL 32341	

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: CHRIS DUGGAN CEO 01/12/2009

Electronic Signature of Signing Officer or Director — Date