

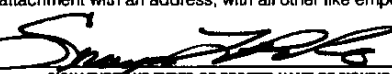


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90144 019 ****70.00

DOCUMENT # N01000002659					
1. Entity Name EARLY LEARNING COALITION OF THE NATURE COAST, INC.					
Principal Place of Business 1564 NORTH MEADOWCREST BLVD. CRYSTAL RIVER, FL 34429			Mailing Address 1564 NORTH MEADOWCREST BLVD. C/O SONYA BOSANKO CRYSTAL RIVER, FL 34429		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3736503				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOSANKO, SONYA 1564 NORTH MEADOWCREST BLVD. CRYSTAL RIVER, FL 34429			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	ED BOSANKO, SONYA 4082 W. OAKHILL ST. DUNNELLON, FL 34433	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAVE, PATIENCE 40 PINE ST HOMOSASSA, FL 34446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHELLE FINNEN 2710 N.W. 43 RD STREET GAINESVILLE, FLORIDA 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOLLEY, JOHN 23 ENCLAVE PT. SOUTH HOMOSASSA, FL 34446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROB WARDLOW 450 PLEASANT GROVE ROAD INVERNESS, FLORIDA 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAVE, CARROLL 744 SINCLAIR TERRACE INVERNESS, FL 34450	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JULIE DAVIS PO BOX 6 CEDAR KEY, FLORIDA 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, FREDERICK G POST OFFICE BOX 1235 LECANTO, FL 34460	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK WILLIAMS PO BOX 390 B-8 GAINESVILLE, FLORIDA 32602
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: 				Date: 07/07/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	