

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 A
Secretary of State

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**



01102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3736503

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOSANKO, SONYA
1564 NORTH MEADOWCREST BLVD.
CRYSTAL RIVER, FL 34429**

**DO NOT WRITE
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. ☐

\$5.00 May Be
Added to Fees

1000000585517
01/16/07-80016-005 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ED
BOSANKO, SONYA
4082 W. OAKHILL ST.
DUNNELLON, FL 34433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FINNEN, MICHELLE
2770 N.W. 43RD STREET
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WARDLOW, ROB
450 PLEASANT GROVE ROAD
INVERNESS, FL 34452**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DAVIS, JOLIE
PO BOX 6
CEDAR KEY, FL 33625**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CLARK, FREDERICK G
POST OFFICE BOX 1235
LECANTO, FL 34460**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, MARK
PO BOX 390 B-8
GAINESVILLE, FL 32602**

**DO NOT WRITE
IN THIS SPACE**

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

SONYA L BOSANKO

01/10/07

Date

352 563 9939

Daytime Phone #