

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002659

FILED
Jan 04, 2008
Secretary of State

Entity Name: EARLY LEARNING COALITION OF THE NATURE COAST, INC.

Current Principal Place of Business:

1564 NORTH MEADOWCREST BLVD.
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

1564 NORTH MEADOWCREST BLVD.
C/O SONYA BOSANKO
CRYSTAL RIVER, FL 34429

New Mailing Address:

FEI Number: 59-3736503 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BOSANKO, SONYA
1564 NORTH MEADOWCREST BLVD.
CRYSTAL RIVER, FL 34429 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: ED () Delete
Name: BOSANKO, SONYA
Address: 4082 W. OAKHILL ST.
City-St-Zip: DUNNELLON, FL 34433

Title: P () Delete
Name: FINNEN, MICHELLE
Address: 2770 N.W. 43RD STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: T () Delete
Name: WARDLOW, ROB
Address: 450 PLEASANT GROVE ROAD
City-St-Zip: INVERNESS, FL 34452

Title: S () Delete
Name: DAVIS, JOLIE
Address: PO BOX 6
City-St-Zip: CEDAR KEY, FL 33625

Title: V (X) Delete
Name: CLARK, FREDERICK G
Address: POST OFFICE BOX 1235
City-St-Zip: LECANTO, FL 34460

Title: D (X) Delete
Name: WILLIAMS, MARK
Address: PO BOX 390 B-8
City-St-Zip: GAINESVILLE, FL 32602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: BOSANKO, SONYA L
Address: 4082 W. OAKHILL ST.
City-St-Zip: DUNNELLON, FL 34433

Title: P (X) Change () Addition
Name: WILLIAMS, MARK
Address: PO BOX 390 B-8
City-St-Zip: GAINESVILLE, FL 32602

Title: T (X) Change () Addition
Name: YOUNG, DAVE
Address: 1564 NORTH MEADOWCREST BLVD.
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: S (X) Change () Addition
Name: BUMGANER, CHARLES
Address: 1564 NORTH MEADOWCREST BLVD.
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SONYA L BOSANKO

ED

01/04/2008

Electronic Signature of Signing Officer or Director

Date