

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000004593**

1. Entity Name  
**EARLY LEARNING COALITION OF FLORIDA'S GATEWAY,  
INC.**



Principal Place of Business  
**484 SW COMMERCE DR.  
SUITE 155  
LAKE CITY, FL 32025**

Mailing Address  
**484 SW COMMERCE DR.  
SUITE 155  
LAKE CITY, FL 32025**



01032007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3726382**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LOGAN, THOMAS PHD  
484 S.W. COMMERCE DRIVE, STE 155  
LAKE CITY, FL 32025**

**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

1000000591971

01/19/07-80044-005 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNS, JOHN PO BOX 3658 LAKE CITY, FL 32056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC LOGAN, RAYMOND RT 18 BOX 736-5 LAKE BUTLER, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WHEELER, JOHN 1622 SW MAIN BLVD. LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOWNSEND, KATHLEEN 437 11TH ST LIVE OAK, FL 32064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**

*Thomas F. Logan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2007 386-752-9770  
Date Daytime Phone