

FILED
Mar 10, 2008 8:00 am
Secretary of State

01-15-2008 90033 006 ****70.00

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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**

66003126



01072008 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**

8. 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

Thomas F. Logan
Signature, typed or printed name of registered agent and title if applicable.

Thomas F. Logan

(NOTE: Registered Agent signature required when reinstating)

1/10/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

**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:

John Wheeler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/08
Date

*386752
84605*
Daytime Phone #