

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004593

FILED
Jan 05, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

1104 SW MAIN BLVD.
LAKE CITY, FL 32025

Current Mailing Address:

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

New Mailing Address:

1104 SW MAIN BLVD.
LAKE CITY, FL 32025

FEI Number: 59-3726382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LOGAN, THOMAS PHD
1104 SW MAIN BLVD.
LAKE CITY, FL 32025 US

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:

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BURNS, JOHN
Address: PO BOX 3658
City-St-Zip: LAKE CITY, FL 32056

Title: VC () Delete
Name: LOGAN, RAYMOND
Address: RT 18 BOX 736-5
City-St-Zip: LAKE BUTLER, FL 32025

Title: C () Delete
Name: WHEELER, JOHN
Address: 1622 SW MAIN BLVD.
City-St-Zip: LAKE CITY, FL 32025

Title: S (X) Delete
Name: TOWNSEND, KATHLEEN
Address: 437 11TH ST
City-St-Zip: LIVE OAK, FL 32064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: TOWNSEND, KATHLEEN
Address: 437 11TH ST
City-St-Zip: LIVE OAK, FL 32064

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: THOMAS F. LOGAN, PHD

ED

01/05/2009

Electronic Signature of Signing Officer or Director

Date