


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90046 026 ****61.25

DOCUMENT # N05000008755	
1. Entity Name ASSOCIATION OF EARLY LEARNING COALITIONS, INC.	

Principal Place of Business 6850 BELFORT OAKS PLACE SUITE 102 JACKSONVILLE, FL 32216	Mailing Address 6850 BELFORT OAKS PLACE SUITE 102 JACKSONVILLE, FL 32216
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03192008 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MAIN, SUSAN D 6850 BELFORT OAKS PLACE SUITE 102 JACKSONVILLE, FL 32216	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIN, SUSAN D	NAME	
STREET ADDRESS	6850 BELFORT OAKS PLACE SUITE 102	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGERALD, DAVID X	NAME	
STREET ADDRESS	6850 BELFORT OAKS PLACE SUITE 102	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, KAREN S	NAME	
STREET ADDRESS	6850 BELFORT OAKS PLACE SUITE 102	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESTBERRY, PENNY B	NAME	Vicky Stark
STREET ADDRESS	6850 BELFORT OAKS PLACE SUITE 102	STREET ADDRESS	6850 Belfort Oaks Place Suite 102
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	
NAME	LOGAN, THOMAS F	NAME	
STREET ADDRESS	6850 BELFORT OAKS PLACE SUITE 102	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	
NAME	DUGGAN, CHRISTAPHER R	NAME	
STREET ADDRESS	6850 BELFORT OAKS PLACE SUITE 102	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	

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: Susan Main
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____