2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008755

Apr 27, 2009 Secretary of State

Entity Name: ASSOCIATION OF EARLY LEARNING COALITIONS, INC.

Current Principal Place of Business: New Principal Place of Business:

6850 BELFORT OAKS PLACE 6850 BELFORT OAKS PL SUITE 102 SUITE 102

JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216

New Mailing Address: **Current Mailing Address:**

6850 BELFORT OAKS PLACE 6850 BELFORT OAKS PL

SUITE 102 SUITE 102 JACKSONVILLE, FL 32216

JACKSONVILLE, FL 32216

FEI Number: 20-3362904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MAIN, SUSAN D MAIN, SUSAN D 6850 BELFORT OAKS PLACE 6850 BELFORT OAKS PL

SUITE 102 SUITE 102 JACKSONVILLE, FL 32216 US JACKSONVILLE, FL 32216 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: SUSAN MAIN 04/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MAIN, SUSAN D MAIN, SUSAN D Name: Name: 6850 BELFORT OAKS PLACE SUITE 102 Address: 6850 BELFORT OAKS PL STE 102 Address:

City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216

Title: Title: (X) Change () Addition () Delete

MCGERALD, DAVID X Name: MCGERALD, DAVID X Name: Address: 6850 BELFORT OAKS PLACE SUITE 102 Address: 6850 BELFORT OAKS PL STE 102

City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216

Title: () Delete Title: (X) Change () Addition WILLIS, KAREN S Name: WILLIS, KAREN S Name:

6850 BELFORT OAKS PLACE SUITE 102 6850 BELFORT OAKS PL STE 102 Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216

() Delete Title: DS Title: DS (X) Change () Addition STARK, VICKY Name: STARK, VICKY Name:

6850 BELFORT BATS PLACE SUITE 102 6850 BELFORT OAKS PL STE 102 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216

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: SUSAN MAIN C 04/27/2009