

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000409

FILED
May 05, 2009
Secretary of State

Entity Name: ALACHUA COUNTY EDUCATIONAL COALITION INC.

Current Principal Place of Business:

1024 SE 12 TH AVENUE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1024 SE 12 TH AVENUE
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COWARD, THOMAS
1024 SE 12TH AVENUE
GAINESVILLE, FL 32601 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COWARD, THOMAS
Address: 1024 SE 12TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: VP () Delete
Name: MICKLE, ANDREW R
Address: 1635 SE 14TH AVENUE
City-St-Zip: GAINESVILLE, FL 32641

Title: TRE () Delete
Name: LEDUC, JAN
Address: 3724 NW 63 RD PLACE
City-St-Zip: GAINESVILLE, FL 32653

Title: SEC () Delete
Name: LUDWIG, HARRIET
Address: 1810 NW 23RD BLVD
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 COWARD

P

05/05/2009

Electronic Signature of Signing Officer or Director

Date