

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003489

FILED
Apr 20, 2009
Secretary of State

Entity Name: ESCAMBIA TEACHER LEADERSHIP CONSORTIUM, INC.

Current Principal Place of Business:

4505 BAYWOODS CT
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

4505 BAYWOODS CT
PENSACOLA, FL 32504

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NELSON, KEVIN D
30 S SPRING STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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: D () Delete
Name: HARWOOD, SANDRA
Address: 4505 BAYWOODS CT
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: HURSTON, ROBERTA
Address: 4505 BAYWOODS CT
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: JENKINS, KATHY
Address: 4505 BAYWOODS CT
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: EMMONS, BARBARA
Address: 4505 BAYWOODS CT
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: ADKISON, AISHA
Address: 4505 BAYWOODS CT
City-St-Zip: PENSACOLA, FL 32504

Title: D (X) Delete
Name: MORGAN, TRACY
Address: 4505 BAYWOODS CT
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SNODGRASS, JODI
Address: 2624 TOMLINSON RD
City-St-Zip: PENSACOLA, FL 32526

Title: D (X) Change () Addition
Name: JENKINS, KATHY
Address: 5428 CAMILLE GARDEN CIRCLE
City-St-Zip: MILTON, FL 32570

Title: D (X) Change () Addition
Name: EXUM, MARY
Address: 6037 SPANISH OAK DR
City-St-Zip: PENSACOLA, FL 32506

Title: D (X) Change () Addition
Name: MORGAN, TRACY
Address: 33317 JUNIPER RD
City-St-Zip: LILLIAN, AL 36574

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: SANDRA HARWOOD

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date