

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004663

FILED  
Mar 25, 2009  
Secretary of State

**Entity Name:** EARLY EDUCATION BENEFITS FUND, INC.

**Current Principal Place of Business:**

5104 N ORANGE BLOSSOM TRL 108  
ORLANDO, FL 32810

**New Principal Place of Business:**

401 LAKE GERTIE ROAD  
DELAND, FL 32720

**Current Mailing Address:**

PO BOX 680611  
ORLANDO, FL 32868

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

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

FELDER, JOSEPH  
5104 N ORANGE BLOSSOM TRL 108  
ORLANDO, FL 32810    US

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

FELDER, JOSEPH  
401 LAKE GERTIE ROAD  
DELAND, FL 32810    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: \_\_\_\_\_

03/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title:            P            ( ) Delete  
Name:           FELDER, JOSEPH  
Address:        PO BOX 680611  
City-St-Zip:    ORLANDO, FL 32868

Title:            BM            ( ) Delete  
Name:           HARRIS, CYNTHIA  
Address:        PO BOX 608837  
City-St-Zip:    ORLANDO, FL 32810

Title:            BM            ( ) Delete  
Name:           RUCKER, DAVID  
Address:        4557 FRISCO CIRCLE  
City-St-Zip:    ORLANDO, FL 32808

Title:            ( ) Delete  
Name:           \_\_\_\_\_  
Address:        \_\_\_\_\_  
City-St-Zip:    \_\_\_\_\_

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            P            (X) Change ( ) Addition  
Name:           DEBROUX, FAYE  
Address:        PO BOX 680611  
City-St-Zip:    ORLANDO, FL 32720

Title:            BM            (X) Change ( ) Addition  
Name:           FELDER, JOSEPH  
Address:        401 LAKE GERTIE ROAD  
City-St-Zip:    DELAND, FL 32720

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

Title:            BM            ( ) Change (X) Addition  
Name:           DAVIS, ANN  
Address:        PO BOX 126  
City-St-Zip:    RED OAK, NC 27891

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: FAYE DEBROUX

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date