

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005102

FILED
Apr 30, 2009
Secretary of State

Entity Name: EARLY LEARNING INTERVENTION SERVICES, INC.

Current Principal Place of Business:

681 WOODRIDGE DR
FERN PARK, FL 32730

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 150502
ALTAMONTE SPRINGS, FL 32715

New Mailing Address:

FEI Number: 26-3593659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, KAYE
681 WOODRIDGE DR
FERN PARK, FL 32730 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: DP () Delete
Name: CRAWFORD, KAYE
Address: 681 WOODRIDGE DR
City-St-Zip: FERN PARK, FL 32730

Title: VD () Delete
Name: MOWATT, KIM
Address: PO BOX 1017
City-St-Zip: APOPKA, FL 32704

Title: DS () Delete
Name: BARGAMIAN, MARY
Address: 849 S. WYMORE ROAD 36A
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V () Delete
Name: WORKMAN, SUNDI
Address: 681 WOODRIDGE DR
City-St-Zip: FERN PARK, FL 32730

Title: M () Delete
Name: CAMPBELL, TAMARA
Address: 681 WOODRIDGE DR
City-St-Zip: FERN PARK, FL 32730

Title: M () Delete
Name: TOWNSEND, LINDA
Address: 681 WOODRIDGE DR
City-St-Zip: FERN PARK, FL 32730

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: BOWIE, MICHELLE
Address: 1583 PINEHURST DR
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Change () Addition
Name: VACCA, LAURA
Address: 577 STATE STREET
City-St-Zip: SAN LEANDRO, CA 94577

Title: D (X) Change () Addition
Name: DAILEY, ARDELLA D
Address: 3215 PHOENIX LANE
City-St-Zip: ALAMEDA, CA 94502

Title: D (X) Change () Addition
Name: AUGUSTUS, IVENIA
Address: 849 SO WYMORE ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: KAYE CRAWFORD

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date