

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28087

FILED
Feb 26, 2008
Secretary of State

Entity Name: ENVIRONMENTAL LEARNING CENTER INC.

Current Principal Place of Business:

255 LIVE OAK DRIVE
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

255 LIVE OAK DRIVE
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 65-0064129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DILL, HOLLY S
255 LIVE OAK DRIVE
VERO BEACH, FL 32963 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: SCHAUB, CLEMENS
Address: 3383 OCEAN DR
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: CASTLOW, MARK
Address: 2625 CARISSA DR
City-St-Zip: VERO BEACH, FL 32960

Title: CD () Delete
Name: POLLARD, CHARLES
Address: 8787 ORCHID ISLAND CIR E
City-St-Zip: VERO BEACH, FL 32963

Title: SD () Delete
Name: HILL, ELIZABETH
Address: 685 LAKE DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: TD () Delete
Name: SMITH, TREVOR
Address: 1305 W ISLAND CLUB SQ
City-St-Zip: VERO BEACH, FL 32963

Title: VD () Delete
Name: BECKER, LISA
Address: 989 BAY OAK LANE
City-St-Zip: VERO BEACH, FL 32963

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
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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: CHARLES POLLARD

CD

02/26/2008

Electronic Signature of Signing Officer or Director

Date