

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004070

FILED  
Apr 14, 2006  
Secretary of State

**Entity Name:** ENVIRONMENTAL LEARNING CENTER FOUNDATION, 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:** 65-0613037

**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: MCCABE, ROBERT  
Address: C/O ELC 255 LIVE OAK DR  
City-St-Zip: VERO BEACH, FL 32963

Title: DC ( ) Delete  
Name: FENNELL, TODD  
Address: 979 BEACHLAND BLVD  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: MULHOLLAND, JAMES  
Address: C/O ELC 255 LIVE OAK DR  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: LOWENBERG, JOHN  
Address: 4445 N A1A SUITE 249  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: MCDERMOTT, LAURA  
Address: C/O ELC 255 LIVE OAK DR  
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  
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 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: TODD FENNELL

DC

04/14/2006

Electronic Signature of Signing Officer or Director

Date