

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000605

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Entity Name:** INDIANTOWN EDUCATION COALITION, INC.

**Current Principal Place of Business:**

STATE ROAD 710  
INDIANTOWN, FL 34956

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 553  
INDIANTOWN, FL 34956

**New Mailing Address:**

**FEI Number:** 65-0628920

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANCISCANI, LOREEN  
15261 SW 150TH STREET  
INDIANTOWN, FL 34956 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  
**Name:** FRANCISCANI, LOREEN  
**Address:** 15261 SW 150TH STREET  
**City-St-Zip:** INDIANTOWN, FL 34956

**Title:** D  
**Name:** MENKEN, IVY  
**Address:** 15261 SW 150TH STREET  
**City-St-Zip:** INDIANTOWN, FL 34956

**Title:** D  
**Name:** HENDERSON, DEBBIE  
**Address:** 16303 SW FARM RD  
**City-St-Zip:** INDIANTOWN, FL 34956

**Title:** D  
**Name:** PARSONS, ELIA R  
**Address:** 15255 SW JACKSON AVE  
**City-St-Zip:** INDIANTOWN, FL 34956

I hereby 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 all other like empowered.

**SIGNATURE:** ELIA R PARSONS

TREA

03/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date