

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006211

FILED
Mar 21, 2005
Secretary of State

Entity Name: FLORIDA COMMUNITY COLLEGE EARLY CHILDHOOD EDUCATORS' NETWORK, INC.

Current Principal Place of Business:

CENTRAL FLORIDA COMMUNITY COLLEGE
3001 SW COLLEGE ROAD
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

CFCC
P.O. BOX 1388
OCALA, FL 344781388

New Mailing Address:

FEI Number: 59-3437446 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KYLE, MARYBETH
CENTRAL FLA COMMUNITY COLLEGE
3001 SW COLLEGE ROAD
OCALA, FL 34474 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: HIGHTOWER, SANDY
Address: 999 AVENUE H N.E.
City-St-Zip: WINTER HAVEN, FL 338814299

Title: DT () Delete
Name: KYLE, MARY B
Address: CFCC, 3001 SW COLLEGE
City-St-Zip: OCALA, FL 32678

Title: D () Delete
Name: CANDELORA, VICTORIA
Address: BCC 3865 N. WICKHAM RD
City-St-Zip: MELBOURNE, FL 32935

Title: S () Delete
Name: GARMAN, MARCIA
Address: HCC, PO BOX 5096
City-St-Zip: TAMPA, FL 336755096

Title: D () Delete
Name: CAMERON, ELAINE M
Address: 1200 W. INTERNATIONAL SPEEDWAY BLVD.
City-St-Zip: BOCA RATON, FL 32114

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 Section 119.07(3)(i), 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: MARYBETH KYLE

TREA

03/21/2005

Electronic Signature of Signing Officer or Director

Date