

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90050 040 \*\*\*\*61.25

<b>DOCUMENT # N96000006211</b> 1. Entity Name <b>FLORIDA COMMUNITY COLLEGE EARLY CHILDHOOD EDUCATORS' NETWORK, INC.</b>					
Principal Place of Business <b>CENTRAL FLORIDA COMMUNITY COLLEGE</b> <b>3001 SW COLLEGE ROAD</b> <b>OCALA, FL 34474</b>			Mailing Address <b>CFCC</b> <b>P.O. BOX 1388</b> <b>OCALA, FL 34478-1388</b>		
2. Principal Place of Business <b>Seminole Community Coll</b> Suite, Apt. #, etc. <b>100 Weldon Blvd</b> City & State <b>Sanford, FL</b> Zip <b>32773</b>		3. Mailing Address <b>SCC Child Development</b> Suite, Apt. #, etc. <b>100 Weldon Blvd.</b> City & State <b>Sanford, FL</b> Zip <b>32773</b>			
Country <b>Seminole</b>		Country <b>Seminole</b>		03082006 Chg-NP CR2E037 (11/05) 4. FEI Number <b>59-3437446</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>KYLE, MARYBETH</b> <b>CENTRAL FLA COMMUNITY COLLEGE</b> <b>3001 SW COLLEGE ROAD</b> <b>OCALA, FL 34474</b>	
7. Name and Address of New Registered Agent Name <b>Nana Robertson</b> Street Address (P.O. Box Number is Not Acceptable) <b>Seminole Community College</b> <b>100 Weldon Blvd.</b> City <b>Sanford</b> <b>FL</b> Zip Code <b>32773</b>				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Nana Robertson (Nana Robertson)</u> <b>3/8/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE D NAME HIGHTOWER, SANDY STREET ADDRESS 999 AVENUE H N.E. CITY-ST-ZIP WINTER HAVEN, FL 338814299	<input checked="" type="checkbox"/> Delete		TITLE D NAME Anne Sullivan STREET ADDRESS St. Petersburg College P.O. Box 13489 CITY-ST-ZIP St. Petersburg, FL 33733-3489	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DT NAME KYLE, MARY B STREET ADDRESS CFCC, 3001 SW COLLEGE CITY-ST-ZIP OCALA, FL 32678	<input checked="" type="checkbox"/> Delete		TITLE DT NAME NANA Robertson STREET ADDRESS SCC - 100 Weldon Blvd. CITY-ST-ZIP Sanford, FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME CANDELORA, VICTORIA STREET ADDRESS BCC 3865 N. WICKHAM RD CITY-ST-ZIP MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete		TITLE D NAME Sarah Whitacre STREET ADDRESS IRCC - 3209 Virginia Ave. CITY-ST-ZIP Ft. Pierce, FL 33981	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME GARMAN, MARCIA STREET ADDRESS HCC, PO BOX 5096 CITY-ST-ZIP TAMPA, FL 336755096	<input checked="" type="checkbox"/> Delete		TITLE DS NAME Joan Campbell STREET ADDRESS SFCC - 3000 NW 83rd St. CITY-ST-ZIP Gainesville, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME CAMERON, ELAINE M STREET ADDRESS 1200 W. INTERNATIONAL SPEEDWAY BLVD. CITY-ST-ZIP BOCA RATON, FL 32114	<input checked="" type="checkbox"/> Delete		TITLE D NAME Sandy Hightower STREET ADDRESS 999 Avenue H N.E. CITY-ST-ZIP Winter Haven, FL 33881-4299	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Nana Robertson (Nana Robertson)</u> <b>407.708.2674</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					