

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006211

FILED
Jan 09, 2009
Secretary of State

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

Current Principal Place of Business:

SEMINOLE COMMUNITY COLLEGE
100 WELDON BLVD
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

SCC/CHILD DEVELOPMENT
100 WELDON BLVD
SANFORD, FL 32773

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:

ROBERTSON, NANA
SEMINOLE COMMUNITY COLLEGE
100 WELDON BLVD
SANFORD, FL 32773 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: DP () Delete
Name: BARKER, JEANNE
Address: 202 BAXTER CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: DT () Delete
Name: ROBERTSON, NANA
Address: SCC- 100 WELDON BLVD
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: WHITACRE, SARAH
Address: IRCC- 3209 VIRGINIA AVE
City-St-Zip: FT. PIERCE, FL 23981

Title: DS () Delete
Name: CAMPBELL, JOAN
Address: SFCC- 3000 NW 83RD ST
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: HOGHTOWER, SANDY
Address: 999 AVENUE H NE
City-St-Zip: WINTER HAVEN, FL 338814299

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: D (X) Change () Addition
Name: HIGHTOWER, SANDY
Address: 999 AVENUE H NE
City-St-Zip: WINTER HAVEN, FL 338814299

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: NANA ROBERTSON

DT

01/09/2009

Electronic Signature of Signing Officer or Director

Date