

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006846

FILED
Apr 21, 2008
Secretary of State

Entity Name: EARLY LEARNING COALITION OF MARION COUNTY, INC.

Current Principal Place of Business:

1320 SE 25TH LOOP
SUITE 101
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1320 SE 25TH LOOP
SUITE 101
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-3627759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEWIS, CARROLL
1320 SE 25TH LOOP
SUITE 101
OCALA, FL 34471 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: PD () Delete
Name: CARROLL, LEWIS CHAIR
Address: 6800 SW 18TH TERR. RD.
City-St-Zip: OCALA, FL 34476

Title: VD () Delete
Name: MICHELL, PAMELA VICE CH
Address: P.O. BOX 6000
City-St-Zip: OCALA, FL 34478

Title: TD () Delete
Name: DODSON, DONNA TREASUR
Address: 808 SW 12TH ST.
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: JORDAN, MIKE
Address: 1108 NW MARTIN LUTHER KING AVE.
City-St-Zip: OCALA, FL 34475

Title: SD () Delete
Name: JOHNSON, JUDY SECRETE
Address: 1320 SE 25TH LOOP, SUITE 101
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: IMES, MARK
Address: 2001 SW 17TH STREET
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: DONNA, DODSON VICE CH
Address: P.O. BOX 279
City-St-Zip: OCALA, FL 34478

Title: TD (X) Change () Addition
Name: IMES, MARK TREASUR
Address: 60 SW 17TH ST.
City-St-Zip: OCALA, FL 34474

Title: SD (X) Change () Addition
Name: FORD, BRENDA SECRET
Address: 1900 SE 18TH AVENUE
City-St-Zip: OCALA, FL 34471

Title: D (X) Change () Addition
Name: JOHNSON, JUDY DIRECTO
Address: 1320 SE 25TH LOOP, SUITE 101
City-St-Zip: OCALA, FL 34471

Title: D (X) Change () Addition
Name: MICHELL, PAMELA
Address: PO BOX 6000
City-St-Zip: OCALA, FL 34477

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: CARROLL LEWIS

PD

04/21/2008

Electronic Signature of Signing Officer or Director

Date