

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723653

**Entity Name:** EARLY EDUCATION AND CARE, INC.**Current Principal Place of Business:**450 JENKS AVE.  
PANAMA CITY, FL 32401**Current Mailing Address:**450 JENKS AVE.  
PANAMA CITY, FL 32401 US**FEI Number:** 59-1376048**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POWE, PAULA R  
450 JENKS AVENUE  
PANAMA CITY, FL 32401 US*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**Officer/Director Detail :**

Title VP  
Name JACK, PATTI  
Address 338 S. MACARTHUR AVENUE  
City-State-Zip: PANAMA CITY FL 32401

Title SECRETARY  
Name GAINER, VICKIE  
Address 501 W. 11TH STREET  
City-State-Zip: PANAMA CITY FL 32401

Title TREASURER  
Name KLANJAC, SHERRY  
Address 1218 NEW HAMPSHIRE AVENUE  
City-State-Zip: LYNN HAVEN FL 32444

Title OFFICER  
Name BRISTER, TODD  
Address 810 GRACE AVENUE  
City-State-Zip: PANAMA CITY FL 32401

Title PRESIDENT  
Name PETERS, ALVIN  
Address 25 E. 8TH STREET  
City-State-Zip: PANAMA CITY FL 32401

Title OFFICER  
Name JACK, ELKIN T  
Address 338 S. MACARTHUR AVENUE  
City-State-Zip: PANAMA CITY FL 32401

Title OTHER  
Name CHAPMAN, JEANNETTE  
Address 3417 ROBINSON BAYOU COURT  
City-State-Zip: PANAMA CITY FL 32405

Title DIRECTOR  
Name QUINN , SABARA B.  
Address 450 JENKS AVENUE  
City-State-Zip: PANAMA CITY FL 32401

**Continues on page 2**

*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:** ALVIN PETERS

PRESIDENT

03/07/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name PATE, PAT  
Address 113 PALM CIRCLE  
City-State-Zip: PANAMA CITY BEACH FL 32413

Title OFFICER  
Name LESTER, ERICA  
Address P.O. BOX 15382  
City-State-Zip: PANAMA CITY FL 32406

Title OFFICER  
Name KELLEY, DENISE  
Address 1311 BALBOA AVENUE  
City-State-Zip: PANAMA CITY FL 32401

Title OFFICER  
Name COTTON, SHEILA  
Address 898 N BEACH WAY  
City-State-Zip: PANAMA CITY FL 32407

Title OFFICER  
Name CARROLL, CHARNETT  
Address 2202 STATE AVENUE SUITE 201  
City-State-Zip: PANAMA CITY FL 32405