2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 747853

Entity Name: THE FLORIDA CENTER FOR EARLY CHILDHOOD, INC.

FILED May 10, 2018 **Secretary of State** CC0572887851

Current Principal Place of Business:

4620 17TH ST

SARASOTA, FL 34235

Current Mailing Address:

4620 17TH ST

SARASOTA, FL 34235 US

FEI Number: 59-1947024 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEA, KATHRYN **4620 17TH STREET** SARASOTA, FL 34235 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title CFO

Name SHEA, KATHRYN Name MILLER, CHARMIAN Address **4620 17TH STREET** Address **4620 17TH STREET** City-State-Zip: SARASOTA FL 34235 SARASOTA FL 34235 City-State-Zip:

Title **DIRECTOR** Title **CHAIRMAN**

Name SLAYTON, AMBER LAWMAN, LARRY Name

Address 5780 DEER HOLLOW LANE WEST Address 368 RENOIR DRIVE

City-State-Zip: SARASOTA FL 34232 City-State-Zip: OSPREY FL 34229

Title DIRECTOR Title **SECRETARY**

Name BOUHEBENT, ANNE Name STORCH, CAROLE Address 2886 TAMIAMI TRAIL Address 13369 ABERCROMBIE DR.

Title DIRECTOR

Title **DIRECTOR** Name AMES, WILLIAM Name HOLDER, DOUGLAS

Address 14008 11TH TERRACE NE Address 1350 MAIN STREET

1200 City-State-Zip: BRADENTON FL 34212

City-State-Zip: SARASOTA FL 34236

PORT CHARLOTTE FL 33938

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City-State-Zip:

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: CHARMIAN MILLER

ENGLEWOOD FL 34223

CFO

05/10/2018

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameDUNLAP, MELISSANamePINKERTON, SCOTTAddress1388 HARBOR DRIVEAddress570 N. RIVER RD.City-State-Zip:SARASOTA FL 34239City-State-Zip:VENICE FL 34293

Title VC, TREASURER Title DIRECTOR

Name WOODIN, JEFF Name SPIEGEL, JO ANN DR.

Address 2412 CORTEZ RD. W. Address 7986 ROY AL BIRKDALE CIRCLE
City-State-Zip: BRADENTON FL 34207 City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR Title DIRECTOR

Name STRELKOV, OLGA Name DEVITT, STEVE

Address 2601 CATTLEMEN RD., STE. 201 Address 126 S. OSPREY AVE.

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34236