

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747853

Entity Name: THE FLORIDA CENTER FOR EARLY CHILDHOOD, INC.**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: Yes****Name and Address of Current Registered Agent:**SKOGLUND, KRISTIE
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CFO
Name	MILLER, CHARMIAN
Address	4620 17TH STREET
City-State-Zip:	SARASOTA FL 34235

Title	DIRECTOR
Name	WOODIN, JEFF
Address	5850 FRUITVILLE ROAD
City-State-Zip:	SARASOTA FL 34240

Title	PRESIDENT
Name	SKOGLUND, KRISTIE
Address	6456 FOX GRAPE LANE
City-State-Zip:	BRADENTON FL 34202

Title	CHAIRMAN
Name	PEREZ-RUBERTE, EDDIE
Address	4911 60TH DR. E.
City-State-Zip:	BRADENTON FL 34203

Title	DIRECTOR
Name	CURLEY, ROCHELLE JUDGE
Address	PO BOX 48927
City-State-Zip:	SARASOTA FL 34230

Title	DIRECTOR
Name	WILSON, TIM
Address	12730 SORRENTO WAY
City-State-Zip:	TAMPA FL 34211

Title	DIRECTOR
Name	HOREN, NEAL
Address	2115 WISCONSIN AVE., NW, 6TH FLOOR
City-State-Zip:	WASHINGTON DC 20007

Title	VC
Name	SWASEY, SARAH DR.
Address	2143 S. TAMIAMI TRAIL, #43
City-State-Zip:	OSPREY FL 34229

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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**CFO****01/29/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title TREASURER
Name COLPITTS, JANINE
Address 800 S OSPREY AVE, #A
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR
Name HAGEMAN, JENNIFER
Address 1423 SOUTHBAY DR.
City-State-Zip: OSPREY FL 34229