

**2017 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:**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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            VEAL-VOLINO, SONJA  
Address        599 PINE RANCH EAST RD.  
City-State-Zip: OSPREY FL 34229

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

Title            VC  
Name            SLAYTON, AMBER  
Address        5780 DEER HOLLOW LANE WEST  
City-State-Zip: SARASOTA FL 34232

Title            DIRECTOR  
Name            BOUHEBENT, ANNE  
Address        2886 TAMIAMI TRAIL  
                 1  
City-State-Zip: PORT CHARLOTTE FL 33938

Title            CEO  
Name            SHEA, KATHRYN  
Address        4620 17TH STREET  
City-State-Zip: SARASOTA FL 34235

Title            CHAIRMAN  
Name            LAWMAN, LARRY  
Address        368 RENOIR DRIVE  
City-State-Zip: OSPREY FL 34229

Title            SECRETARY  
Name            STORCH, CAROLE  
Address        13369 ABERCROMBIE DR.  
City-State-Zip: ENGLEWOOD FL 34223

Title            DIRECTOR  
Name            AMES, WILLIAM  
Address        14008 11TH TERRACE NE  
City-State-Zip: BRADENTON FL 34212

**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: CHARMIAN MILLER****CFO****04/25/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HOLDER, DOUGLAS  
Address 1350 MAIN STREET  
1200  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR  
Name PINKERTON, SCOTT  
Address 570 N. RIVER RD.  
City-State-Zip: VENICE FL 34293

Title DIRECTOR  
Name DUNLAP, MELISSA  
Address 1388 HARBOR DRIVE  
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR  
Name WOODIN, JEFF  
Address 2412 CORTEZ RD. W.  
City-State-Zip: BRADENTON FL 34207