

2019 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	CEO
Name	SHEA, KATHRYN
Address	4620 17TH STREET
City-State-Zip:	SARASOTA FL 34235

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

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

Title	DIRECTOR
Name	HOLDER, DOUGLAS
Address	318 ISLAND CIRCLE
City-State-Zip:	SARASOTA FL 34242

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

Title	DIRECTOR
Name	SLAYTON, AMBER
Address	4519 BENT TREE BLVD.
City-State-Zip:	SARASOTA FL 34241

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

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

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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****02/26/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PINKERTON, SCOTT
Address 310 W. VENICE AVE.
201
City-State-Zip: VENICE FL 34285

Title SECRETARY
Name SPIEGEL, JO ANN DR.
Address 7986 ROY AL BIRKDALE CIRCLE
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name DEVITT, STEVE
Address 126 S. OSPREY AVE.
City-State-Zip: SARASOTA FL 34236

Title CHAIRMAN
Name WOODIN, JEFF
Address 7125 FRUITVILLE RD.
PMB 1715
City-State-Zip: SARASOTA FL 34240

Title DIRECTOR
Name STRELKOV, OLGA
Address 2601 CATTLEMEN RD., STE. 201
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name LEGLER, EMMALEE
Address 2221 8TH ST.
City-State-Zip: SARASOTA FL 34237