

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001985

Entity Name: EARLY LEARNING COALITION OF ST. LUCIE COUNTY, INC.**Current Principal Place of Business:**5000 NW DUNN ROAD
3RD FLOOR
FORT PIERCE, FL 34981**Current Mailing Address:**5000 NW DUNN ROAD
3RD FLOOR
FORT PIERCE, FL 34981 US**FEI Number:** 59-3679509**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LOUPE, ANTHONY
5000 NW DUNN ROAD
3RD FLOOR
FORT PIERCE, FL 34981 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:** ANTHONY LOUPE

01/15/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	BOYLE, SEAN
Address	546 NW UNIVERSITY BOULEVARD SUITE 201
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	CEO
Name	LOUPE, ANTHONY
Address	5000 NW DUNN ROAD 3RD FLOOR
City-State-Zip:	FORT PIERCE FL 34981

Title	VC
Name	BAUER, BRIAN
Address	584 NW UNIVERSITY BLVD SUITE 100
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	SECRETARY
Name	COE, DEE
Address	500 VIRGINIA AVE
City-State-Zip:	FORT PIERCE FL 34982

Title	CHAIRMAN
Name	TREFELNER, JARROD
Address	5001 OKEECHOBEE
City-State-Zip:	FORT PIERCE FL 34947

Title	OFFICER
Name	ROBERSON, ANGELA
Address	5150 NW MILNER DRIVE
City-State-Zip:	PORT ST. LUCIE FL 34983

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: ANTHONY F. LOUPE

CEO

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date