

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003097

**Entity Name:** EARLY LEARNING COALITION OF BREVARD COUNTY INC.**Current Principal Place of Business:**1018 FLORIDA AVE  
ROCKLEDGE, FL 32955**Current Mailing Address:**P.O. BOX 560692  
ROCKLEDGE, FL 32956-0692 US**FEI Number:** 59-3651961**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ODOM, CATHRYN  
1018 FLORIDA AVE  
ROCKLEDGE, FL 32955 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 INTERIM EXECUTIVE DIRECTOR  
Name SOUSA, REGINA  
Address P.O. BOX 560692  
City-State-Zip: ROCKLEDGE FL 32956-0692

Title TREASURER  
Name BROMS, MARK  
Address 3679 WHISPERWOOD CIR  
City-State-Zip: MELBOURNE FL 32901

Title VC  
Name JEFFREY, HARRISON  
Address 8265 N. WICKHAM RD  
City-State-Zip: VIERA FL 32940

Title SECRETARY  
Name MILLS, ELIZABETH  
Address 2700 JUDGE FRAN JAMIESON WAY  
City-State-Zip: VIERA FL 32940

Title CHAIRPERSON  
Name BERGMAN, ALAN  
Address 171 DIANE CIRCLE  
City-State-Zip: INDIALANTIC, FL 34903

Title DIRECTOR OF BUSINESS  
OPERATIONS  
Name ODOM, CATHIE  
Address P.O. BOX 560692  
City-State-Zip: ROCKLEDGE FL 32956-0692

*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:** CATHIE ODOM**DIRECTOR OF BUSINESS OPERATIONS** 03/21/2019\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date