

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003385

**Entity Name:** EARLY LEARNING COALITION OF INDIAN RIVER, MARTIN AND OKEECHOBEE COUNTIES, INC.**FILED**  
**Jun 22, 2020**  
**Secretary of State**  
**3193220740CC****Current Principal Place of Business:**10 SE CENTRAL PKWY  
SUITE 200  
STUART, FL 34994**Current Mailing Address:**10 SE CENTRAL PKWY  
SUITE 200  
STUART, FL 34994**FEI Number: 65-1035652****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**POWERS, MARSHA  
10 SE CENTRAL PKWY  
SUITE 200  
STUART, FL 34994 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: MARSHA POWERS****06/22/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** CEO  
**Name** POWERS, MARSHA  
**Address** 10 SE CENTRAL PARKWAY  
SUITE 200  
**City-State-Zip:** STUART FL 34994**Title** VC  
**Name** REILLY, RICHARD  
**Address** 10 SE CENTRAL PKWY  
SUITE 200  
**City-State-Zip:** STUART FL 34994**Title** BOARD MEMBER  
**Name** WEST, BILL  
**Address** 10 SE CENTRAL PKWY  
SUITE 200  
**City-State-Zip:** STUART FL 34994**Title** CHAIRMAN  
**Name** GIUNTA, LEIGH  
**Address** 10 SE CENTRAL PKWY  
SUITE 200  
**City-State-Zip:** STUART FL 34994**Title** CFO  
**Name** LEWIS, SEAN J  
**Address** 10 SE CENTRAL PKWY  
SUITE 200  
**City-State-Zip:** STUART FL 34994

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: SEAN LEWIS****CFO****06/22/2020**

Electronic Signature of Signing Officer/Director Detail

Date