

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003385

Entity Name: EARLY LEARNING COALITION OF INDIAN RIVER, MARTIN AND OKEECHOBEE COUNTIES, INC.**FILED**
Jan 20, 2021
Secretary of State
3512101532CC**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****01/20/2021**

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	TREASURER, FINANCE CHAIR
Name	WEST, BILL
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

Title	VC
Name	REILLY, RICHARD
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	SECRETARY
Name	TORRES, NIVEA DR.
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****01/20/2021**

Electronic Signature of Signing Officer/Director Detail

Date