

**2016 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N00000003385

**Entity Name:** EARLY LEARNING COALITION OF INDIAN RIVER, MARTIN AND OKEECHOBEE COUNTIES, INC.**FILED**  
**Feb 02, 2016**  
**Secretary of State**  
**CR9565463782****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:**JACKSON, JACKI G  
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: JACKI JACKSON****02/02/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CEO
Name	JACKSON, JACKI G
Address	10 SE CENTRAL PARKWAY SUITE 200
City-State-Zip:	STUART FL 34994

Title	TREASURER
Name	LAUGHLIN, WILLIAM
Address	10 SE CENTRAL PKWY SUITE 200
City-State-Zip:	STUART FL 34994

Title	VC
Name	RIVETT, DONNA
Address	10 SE CENTRAL PKWY SUITE 200
City-State-Zip:	STUART FL 34994

Title	SECRETARY
Name	HOLMES, ANN
Address	10 SE CENTRAL PKWY SUITE 200
City-State-Zip:	STUART FL 34994

Title	CHAIRMAN
Name	TUCKER, BRANDON
Address	104 NW 7TH AVE.
City-State-Zip:	OKEECHOBEE FL 34972

Title	CFO
Name	HACKLEY, ZACK
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: ZACK HACKLEY****CFO****02/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date