

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008755

Entity Name: ASSOCIATION OF EARLY LEARNING COALITIONS, INC.**Current Principal Place of Business:**4472 OKEECHOBEE ROAD
FORT PIERCE, FL 34947**Current Mailing Address:**4472 OKEECHOBEE ROAD
FORT PIERCE, FL 34947 US**FEI Number:** 20-3362904**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LOUPE, ANTHONY
4472 OKEECHOBEE ROAD
FORT PIERCE, FL 34947 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

03/28/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name GUSE, MATT
Address 1940 N. MONROE STREET
SUITE 70
City-State-Zip: TALLAHASSEE FL 32303

Title SECRETARY
Name BEARD, SKY
Address 1018 S. FLORIDA AVE
City-State-Zip: ROCKLEDGE FL 32955

Title OFFICER
Name SUNK, SUSAN
Address 1631 E. VINE STREET
E
City-State-Zip: KISSIMMEE FL 34744

Title OFFICER
Name FRICKS, ROSEANN
Address 2300 SW 17TH ROAD
City-State-Zip: OCALA FL 34471

Title TREASURER
Name LOUPE, ANTHONY
Address 4472 OKEECHOBEE ROAD
City-State-Zip: FORT PIERCE FL 34947

Title VC
Name ELDRIDGE, WARREN
Address 2300 HIGH RIDGE RD
115
City-State-Zip: BOYNTON BEACH FL 33426

Title OFFICER
Name LEBO, DJ
Address 135 EXECUTIVE CIRCLE
City-State-Zip: DAYTONA BEACH FL 32114

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 LOUPE

TREASURER

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date