

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006846

Entity Name: EARLY LEARNING COALITION OF MARION COUNTY, INC.**Current Principal Place of Business:**2300 SW 17TH RD
OCALA, FL 34471**Current Mailing Address:**2300 SW 17TH RD
OCALA, FL 34471 US**FEI Number:** 59-3627759**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FRICKS, ROSEANN CEO
2300 SW 17TH RD
OCALA, FL 34471 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:** ROSEANN FRICKS

02/10/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** CHAIRMAN
Name COLEN, ROBERT
Address 2300 SW 17TH RD
City-State-Zip: Ocala FL 34471**Title** DIRECTOR
Name MEEKS, CARA
Address 2300 SW 17TH RD
City-State-Zip: Ocala FL 34471**Title** PAST VICE-CHAIR
Name GONZALEZ, LOLA
Address 2300 SW 17TH RD
City-State-Zip: Ocala FL 34471**Title** VC
Name LISA, SIEFFER
Address 2300 SW 17TH RD
City-State-Zip: Ocala FL 34471**Title** D
Name BRANT, ROBERTA
Address 2300 SW 17TH RD
City-State-Zip: Ocala FL 34471**Title** DIRECTOR
Name JOHNSON, JUDY
Address 2300 SW 17TH RD
City-State-Zip: Ocala FL 34471**Title** TREASURER
Name WOODRING, KATHLEEN
Address 2300 SW 17TH RD
City-State-Zip: Ocala FL 34471**Title** CEO
Name ROSEANN, FRICKS
Address 2300 SW 17TH RD
City-State-Zip: Ocala FL 34471**Continues on page 2**

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: ROSEANN FRICKS**CHIEF EXECUTIVE
OFFICER**

02/10/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROBBINS, KATHY
Address 2300 SW 17TH RD
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name STONE, MICHELLE
Address 2300 SW 17TH RD
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name DEWESE, ANNA
Address 2300 SW 17TH RD
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name HANCOCK, MELISSA
Address 2300 SW 17TH RD
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name WILSON, GWEN
Address 2300 SW 17TH RD
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name MOON, HOWARD
Address 2300 SW 17TH RD
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name FORRESTER, RICHARD
Address 2300 SW 17TH RD
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name DAY, DOUG CPA
Address 2300 SW 17TH RD
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name TOMAS, AUTUMN
Address 2300 SW 17TH RD
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name CARTE, EARLENE
Address 2300 SW 17TH RD
City-State-Zip: OCALA FL 34471

Title SECRETARY
Name LOPEZ, PAOLA
Address 2300 SW 17TH RD
City-State-Zip: OCALA FL 34471

Title DIRECTOR
Name HOUGH, LYNNE
Address 2300 SW 17TH RD
City-State-Zip: OCALA FL 34471