

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 26, 2005
Secretary of State**

DOCUMENT# N00000000792

Entity Name: THE WAKULLA COUNTY COALITION FOR READINESS, INC.

Current Principal Place of Business:

126 HIGH DR.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

126 HIGH DR.
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 59-3727437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, DAVID
126 HIGH DR.
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MILLER, DAVID
Address: 126 HIGH DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VCD () Delete
Name: ROUTA, ROBERT
Address: 327 CANAL STREET
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: STD () Delete
Name: MYHRE, JUDY
Address: PO BOX 100
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: MAL () Delete
Name: PERRYMAN, ANNIE RUTH
Address: 87 ANDREW HARGRETT
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MALD () Delete
Name: DAVIS, PAMELA
Address: 1170 CAPITAL CIRCLE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BEVERLEY CONNORS

D

01/26/2005

Electronic Signature of Signing Officer or Director

Date