

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N00000001023

Entity Name: HILLSBOROUGH COUNTY SCHOOL READINESS COALITION, INC.

Current Principal Place of Business:

1002 E. PALM AVENUE
TAMPA, FL 33605 US

New Principal Place of Business:

Current Mailing Address:

1002 EAST PALM AVE.
TAMPA, FL 33605

New Mailing Address:

FEI Number: 59-3626765 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCGERALD, DAVID X
1002 E. PALM AVENUE
TAMPA, FL 33605 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: DR. () Delete
Name: JURADO, MELODY
Address: 5406 EAST RIVERHILLS DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: MS. () Delete
Name: STOLLER, LINDA
Address: 8900 N. ARMENIA, STUIE 210
City-St-Zip: TAMPA, FL 33604 US

Title: MR. () Delete
Name: VITTORINO, ALFRED
Address: 1601 MCCLOSKEY BLVD.
City-St-Zip: TAMPA, FL 33605 US

Title: MR. () Delete
Name: BUESING, ROBERT
Address: 101 EAST KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33601 US

Title: DR. () Delete
Name: WALTER, LYDIA
Address: 2112 N. 15TYH ST. TAMPA, FL
City-St-Zip: TAMPA, FL 33605 US

Title: DR. () Delete
Name: PANECEK, LUANNE
Address: 1002 EAST PALM AVE.
City-St-Zip: TAMPA, FL 33605 US

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: MS. (X) Change () Addition
Name: HARKNESS, MARINA
Address: 5701 EAST HILLSBOROUGH AVE. SUITE 2301
City-St-Zip: TAMPA, FL 33610

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID X. MCGERALD

Electronic Signature of Signing Officer or Director

MR.

03/25/2009

Date