

FILED
May 27, 2003 8:00 am
Secretary of State

5/17/03

05-01-2003 90365 021 ***61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0000002544

1. Entity Name
 THE JEFFERSON COUNTY SCHOOL READING COALITION, INC.

Principal Place of Business: 1490 W WASHINGTON ST, MONTICELLO, FL 32344
 Mailing Address: 1490 W WASHINGTON ST, MONTICELLO, FL 32344

2. Principal Place of Business: Same, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

A. FEI Number: 59-3721945 Applied For: Not Applicable

B. Certificate of Status Desired: \$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent: BUCKINGHAM, T, 320 S CHERRY ST, MONTICELLO, FL 32344

7. Name and Address of New Registered Agent: _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
Title: ST Name: GAFFNEY, NANCY STREET ADDRESS: 288 GAFFNEY ROAD CITY-STATE-ZIP: MONTICELLO, FL 32344	<input type="checkbox"/> Delete	Title: _____ Name: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title: CT Name: JONES, JOHN B JR STREET ADDRESS: 796 E SECOND ST CITY-STATE-ZIP: MONTICELLO, FL 32344	<input type="checkbox"/> Delete	Title: _____ Name: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Title: CT Name: FINLAYSON, RICHARD STREET ADDRESS: RT 1, BOX 66 CITY-STATE-ZIP: MONTICELLO, FL 32344	<input type="checkbox"/> Delete	Title: _____ Name: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Title: _____ Name: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete	Title: _____ Name: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title: _____ Name: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete	Title: _____ Name: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title: _____ Name: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete	Title: _____ Name: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not comply for the exemption under Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I shall file 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 shall my name appear in Block 10 or Block 11 if changed, or on an attachment with an address, with another file empowered.

SIGNATURE: *Richard Finlayson, Director* 4/30/03 850-414-6055

55044058



CHECK HERE IF MAKING CHANGES

QUEENY (1/1/03)