9/17/2002-90105-044-$61.25-$61.25

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02 OCT -8 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # N38335

1. Entity Name
Florida School Age Child Care Coalition, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9550 16th St. N.	P.O. Box 3087
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg FL	City & State: Tequesta FL
Zip: 33716 Country: USA	Zip: 33469 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3062864 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Elizabeth H. Fulmer

Street Address (P.O. Box Number is Not Acceptable): 1596 Indian Dance Ct.

City: Maitland FL Zip Code: 32751

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.

SIGNATURE: Elizabeth H. Fulmer 9-11-2002
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE D NAME STREET ADDRESS CITY-ST-ZIP	President - director Mary Lee Johnson Mary Lee Johnson 7708 W. Wood St Tamarac, FL 33321
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Vice President - director Jennifer Faber 6973 Kimberly Terrace Ft. Myers, FL 33919
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Treasurer - director Elizabeth H. Fulmer 1596 Indian Dance Ct. Maitland, FL 32751
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Secretary - director Nancy Sapiro 1450 NE 2 Avenue, Room 737 Miami, FL 33132
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	First Vice President - director Debra Ballinger 1519 Lime St. Clearwater, FL 33756
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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth H. Fulmer Elizabeth H. Fulmer 9-11-2002 407 317.3383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JF 10/8/02