2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2004 8:00 am Secretary of State 05-06-2004 90169 011 ****61.25

PRINCIPAL PRICE OF Business ST POR DEC 2002 2. Principal Place of Business Sulto, Apt #, stc. Sulto, A	1. Entity Nam	MENT # N38335 SCHOOL-AGE CHILD CAR	E COALITION, INC				05-06-200	4 90169 011 [,]	****61.	25
Suite Apt. #, etc. City & State City & FL Zip Code City & State City & FL Zip Code City & State City & FL Zip Code City & State City & FL Zip Code	9550 16TH SE N PO BOX 20425							5 4	1053	140
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City & State Country Country Country S. Certificate of Status Desired See Required See Require	Principal Place of Business 3. Mailing Additional Additio		3. Mailing Address							
Sp-30d2864 Next Applicable	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272004	Chg-NP	CR2E037 (10)/03)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Aborts of New Registered Agent 8. The Address of New Registered Agent	City & State		City & State		4				_	
FULMER, ELIZABETH H 1596 INDIAN DANCE CT MAITLAND, FL 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. I am familiar with and accept the objections of registered agent. SIGNATURE Signatural Signatura	Zip	Country	Zip	Country	5	. Certificate	of Status Desired			onal
FULMER, ELIZABETH H 1506 INDIAN DANCE CT MAITLAND, FL 32751 City FL Zip Code		6. Name and Address of Current R	legistered Agent		7	.™Name and	Address of New	Registered Agent	~	÷
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	ELILMED	CI IZABETH H		Name		•				
B. 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 Signatury fixed or printed name of agreemed agent and life if explicable. Filling Fee is \$61.25 Due by May 1, 2004 Time PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE NAME JOHNSON, MARY JOHNSON, MARY JOHNSON, MARY STREET ADDRESS OF SEA STREET ADDRESS OF STREET ADDRESS OF SEA STREET ADDRESS OF	1596 INDIAN DANCE CT				Address (P.C). Box Numbe	er is Not Acceptab	le)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filing Fee is \$61.25 Due by May 1, 2004 10. OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE PD JOHNSON, MARY 600 SE 3RD AVE, 6TH FL FORT LAUDERDALE, FL 33301 TILE MAKE FABER, JENNIFER 6973 KIMBERLY TERR FT MYERS, FL 33919 TILE OFFICERS AND DIRECTORS IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME FABER, JENNIFER 6973 KIMBERLY TERR FT MYERS, FL 33919 TILE TILE TILE TILE Detele TILE DEBET ADDRESS OITY-ST-2P STREET ADDRESS OITY-ST-2P JOHNSON MARY STREET ADDRESS OITY-ST-2P ADDRESS STREET ADDRESS OITY-ST-2P JOHNSON MAR BEEVES, SUSAN D STREET ADDRESS OITY-ST-2P JOHNSON MARE STREET ADDRESS OITY-ST-2P JOHNSON MARE STREET ADDRESS OITY-ST-2P JOHNSON MARE STREET ADDRESS STREET ADDRESS OITY-ST-2P JOHNSON MARE STREET ADDRESS OITY-ST-2P JOHNSON MARE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS OITY-ST-2P JOHNSON MARE STREET ADDRESS STREET				City				EI Z	ip Code	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIRE PD JOHNSON, MARY 600 SE 3RD AVE, 6TH FL FORT LAUDERDALE, FL 33301 VD FABER, JENNIFER 6973 KIMBERLY TERR FT MYERS, FL 33919 TD FULMER, ELIZABETH 1596 INDIAN DANCE CT MAITLAND, FL 32751 DS BEEVES, SUSAN D 5226 CAMELOT FOREST DR JACKSONVILLE, FL 32202 1VD BALLINGER, DEBRA 9550 16TH ST N. SAINT PETERSBURG, FL 33716	9. Election Car Trust Fund (ECTORS Delete Delete Delete Delete	mpaign Financing Contribution. 11. Title NAME STREET ADDRESS CITY-ST-ZIP	ADI PD Faber 6973 Ft. M VD Santi 9550 St. P SD Beeve	5.00 May Bedded to Fees DITIONS/CH/ , Jenn: Kimber: yers, lago, Ed l6th St etersbu	ANGES TO OFFICE ifer ly Terr FL 33919 Idie, North lrg, FL 3	33716 The state of the state o	t of State ORS IN 10 thange [tha	Addition Addition Addition Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered. 407.317. 3383