

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

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90095 041 \*\*\*\*70.00

0061138

**DOCUMENT # N00000005880**

1. Entity Name

**THE OSCEOLA COUNTY COALITION FOR SCHOOL READINES  
S, INC.**



Principal Place of Business

**EXECUTIVE POINT, SUITE 108  
1633 E VINE STREET  
KISSIMMEE FL 34744**

Mailing Address

**EXECUTIVE POINT, SUITE 108  
1633 E VINE STREET  
KISSIMMEE FL 34744**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-1759186**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LANG, TOM  
ALLEN, LANG, CUNO & PEED, P.A.  
14 E WASHINGTON ST, STE 600  
ORLANDO FL 32808**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent only, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☒ Delete  
NAME **DUKES, DOROTHY**  
STREET ADDRESS **3500 W. COLONIAL DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **VCD** ☒ Delete  
NAME **ANDREWS, TERRY**  
STREET ADDRESS **17 BILL BECK BLVD.**  
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **SD** ☒ Delete  
NAME **ALSTON, ART**  
STREET ADDRESS **222 CHURCH STREET**  
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **TD** ☒ Delete  
NAME **BURNS, DENNIS**  
STREET ADDRESS **1940 TRAYLOR BLVD.**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Change ☒ Addition  
NAME **COOPER, MARY**  
STREET ADDRESS **1915 N. Woodland Blvd**  
CITY-ST-ZIP **Deland, FL 32720**

TITLE **VCD** ☐ Change ☒ Addition  
NAME **BARRETT, MARCY**  
STREET ADDRESS **6375 W. Irlo Bronson Hwy.**  
CITY-ST-ZIP **Kissimmee, FL 34747**

TITLE **SD** ☐ Change ☒ Addition  
NAME **RINCON-DWYER, MARIA**  
STREET ADDRESS **5350 San Miguel Rd.**  
CITY-ST-ZIP **Kissimmee, FL 34758**

TITLE **TD** ☐ Change ☒ Addition  
NAME **GIEL, KAREN**  
STREET ADDRESS **920 N. John Young Pkwy.**  
CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

**MARY KARE GIEL**

**3-27-03 386-734-4634**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)