

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001023

**Entity Name:** HILLSBOROUGH COUNTY SCHOOL READINESS COALITION, INC.

**FILED**  
**Apr 12, 2013**  
**Secretary of State**  
**CC1618646338**

**Current Principal Place of Business:**

1002 E. PALM AVENUE  
TAMPA, FL 33605

**Current Mailing Address:**

1002 E. PALM AVENUE  
TAMPA, FL 33605 US

**FEI Number: 59-3626765**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MCGERALD, DAVID X  
1002 E. PALM AVENUE  
TAMPA, FL 33605 US

*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

**Officer/Director Detail :**

Title CHAIRMAN  
Name FILIBERTO, VALERO  
Address 3411 W. COLUMBUS DR  
City-State-Zip: TAMPA FL 33607

Title DIRECTOR  
Name BARRISH, SCOTT  
Address 10739 KEYS GATE DRIVE  
City-State-Zip: RIVERVIEW FL 33579

Title SECRETARY  
Name BUESING, ROBERT  
Address 101 EAST KENNEDY BLVD.  
City-State-Zip: TAMPA FL 33601

Title DIRECTOR  
Name BEVIS, DONNA M  
Address 115 ADALIA AVENUE  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name REEVES, MICHAEL J  
Address 101 EAST KENNEDY BLVD.  
City-State-Zip: TAMPA FL 33606

Title DIRECTOR  
Name GREGORY, JANET K  
Address 9393 NORTH FLORIDA AVENUE  
SUITE 900  
City-State-Zip: TAMPA FL 33612

Title DIRECTOR  
Name KIMES, DONNA  
Address 5701 E HILLSBOROUGH  
SUITE 2301  
City-State-Zip: TAMPA FL 33619

Title DIRECTOR  
Name PEACHY, EDWARD  
Address 5100 W. KENNEDY AVE.  
City-State-Zip: TAMPA FL 33609

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: DAVID X. MCGERALD**

**CEO**

**04/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ROBINSON, SHAWN  
Address 2112 N. 15TH STREET  
City-State-Zip: TAMPA FL 33605

Title DIRECTOR  
Name FINNEY, LOUIS  
Address 3639 W. WATERS AVE.  
City-State-Zip: TAMPA FL 33612

Title DIRECTOR  
Name GASSEN, CARRIE  
Address 420 BULLARD PKWY  
City-State-Zip: TEMPLE TERRACE FL 33617

Title DIRECTOR  
Name BROSS, MICHAEL  
Address 3110 CLAY MAGNUM LANE  
BUILDING 39  
City-State-Zip: TAMPA FL 33618

Title DIRECTOR  
Name MURMAN, SANDRA  
Address 201 E. KENNEDY  
City-State-Zip: TAMPA FL 33605

Title DIRECTOR  
Name RODRIGUEZ, CYNTHIA  
Address 4901 N. HABANA AVE.  
City-State-Zip: TAMPA FL 33614

Title DIRECTOR  
Name GROSZ, PATRICIA  
Address 1308 WEST SLIGH AVE  
City-State-Zip: TAMPA FL 33604

Title CEO  
Name MCGERALD, DAVID X  
Address 1002 EAST PALM AVE.  
City-State-Zip: TAMPA FL 33605