

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000404

FILED
Apr 27, 2004
Secretary of State

Entity Name: INDIAN RIVER COUNTY SCHOOL READINESS COALITION, INC.

Current Principal Place of Business:

4350 43RD AVENUE
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

4350 43RD AVENUE
VERO BEACH, FL 32967

New Mailing Address:

FEI Number: 65-0980336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POLACKWICH, ALAN S SR.
3333-20TH STREET
VERO BEACH, FL 32960

Name and Address of New Registered Agent:

POLACKWICH, ALAN S SR.
3333 20TH STREET
VERO BEACH, FL 32960

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:

04/27/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: O'NEILL, BEVERLY
Address: 9790 61ST PLACE
City-St-Zip: SEBASTIAN, FL 32958

Title: VD () Delete
Name: MCCORRISON, KIM
Address: 4350 43RD AVENUE
City-St-Zip: VERO BEACH, FL 32967

Title: TD () Delete
Name: DEARING, ROGER DR.
Address: 1990 25TH ST
City-St-Zip: VERO BEACH, FL 32960

Title: PCD () Delete
Name: POLACKWICH, ALAN S SR
Address: 3333 20TH STREET
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: LINCOLN, WANDA
Address: 511 SHORES DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: PCD (X) Change () Addition
Name: MCCORRISON, KIM
Address: 4350 43RD AVENUE
City-St-Zip: VERO BEACH, FL 32967

Title: TD (X) Change () Addition
Name: YOUNG, ELIZABETH
Address: ALPI, 7301 LYNCHBURG ROAD
City-St-Zip: WINTER HAVEN, FL 33881

Title: VD (X) Change () Addition
Name: POLACKWICH, ALAN S SR
Address: 3333 20TH STREET
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KIM MCCORRISON

PCD

04/27/2004

Electronic Signature of Signing Officer or Director

Date