

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000792

FILED  
Jan 26, 2005  
Secretary of State

**Entity Name:** THE WAKULLA COUNTY COALITION FOR READINESS, INC.

**Current Principal Place of Business:**

126 HIGH DR.  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

126 HIGH DR.  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number:** 59-3727437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, DAVID  
126 HIGH DR.  
CRAWFORDVILLE, FL 32327 US

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

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

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: MILLER, DAVID  
Address: 126 HIGH DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VCD ( ) Delete  
Name: ROUTA, ROBERT  
Address: 327 CANAL STREET  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: STD ( ) Delete  
Name: MYHRE, JUDY  
Address: PO BOX 100  
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: MAL ( ) Delete  
Name: PERRYMAN, ANNIE RUTH  
Address: 87 ANDREW HARGRETT  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MALD ( ) Delete  
Name: DAVIS, PAMELA  
Address: 1170 CAPITAL CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BEVERLEY CONNORS

D

01/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date