


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90019 010 ****70.00

DOCUMENT # N00000001865 1. Entity Name POLK COUNTY SCHOOL READINESS COALITION, INC.					
Principal Place of Business 1811 RICHMOND RD LAKELAND, FL 33803			Mailing Address 1811 RICHMOND ROAD LAKELAND, FL 33803		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3648316	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARLAN, ELIZABETH 825 E MAIN ST LAKELAND, FL 33801				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DCC	<input type="checkbox"/> Delete	TITLE	DCC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHODES, JIM		NAME	Graber, Ray	
STREET ADDRESS	1108 BRIGHTON WAY		STREET ADDRESS	1004 US Hwy 92 West	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	DCVC	<input type="checkbox"/> Delete	TITLE	DCVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRABER, RAY		NAME	Deaner, Florrie	
STREET ADDRESS	1004 US HWY 92 W		STREET ADDRESS	1290 Golfview Avenue	
CITY-ST-ZIP	AUBURNDAL, FL 33823		CITY-ST-ZIP	Bartow, FL 33830	
TITLE	DCS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLAWS, MARY JO		NAME		
STREET ADDRESS	301 3RD ST STE 200		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307		CITY-ST-ZIP		
TITLE	DFCC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHERSON, CHARLES		NAME		
STREET ADDRESS	210 S FLORIDA AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 addressee with all other like empowered.					
SIGNATURE: _____		-Ray Graber 3/26/04 (863) 413-9890			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			