


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90174 023 ****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 - No P.O. Box #		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 type="checkbox"/> \$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent HARLAN, ELIZABETH 825 E MAIN ST LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name Harlan, Elizabeth Street Address (P.O. Box Number is Not Acceptable) 240 Crescent Lake Court City Lakeland FL Zip Code 33813		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	DVCC <input checked="" type="checkbox"/> Delete		TITLE	DVCC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEANER, FLORRIE		NAME	McPherson, Charles	
STREET ADDRESS	1290 GOLFVIEW AVENUE		STREET ADDRESS	210 S Florida Avenue	
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	DCC <input type="checkbox"/> Delete		TITLE	DCC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLMES, ARTEMAS		NAME	Holmes, Artemas	
STREET ADDRESS	4515 NUNNSWOOD LANE		STREET ADDRESS	2330 Jonila Avenue	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	DCS <input checked="" type="checkbox"/> Delete		TITLE	DCS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	THOMPSON, NANCY		NAME	Hightower, Sandy	
STREET ADDRESS	205 E MAIN STREET, STE 107		STREET ADDRESS	6870 Lake Clark Drive	
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	DFCC <input checked="" 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 exemptions contained in Chapter 119, 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: <i>Kris Giordano</i> Kris Giordano			4-5-07 (863)413-9890		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		