

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90062 045 \*\*\*\*\*61.25

**DOCUMENT # N00000002176**

1. Entity Name

**MADISON COUNTY SCHOOL READINESS COALITION, INC.**



Principal Place of Business

**312 NE DUVAL STREET  
MADISON FL 32340**

Mailing Address

**312 NE DUVAL STREET  
MADISON FL 32340**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3723458**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DAY, LUCILLE  
312 NE DUVAL STREET  
MADISON FL 32340**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VCD** ☐ Delete  
NAME **CLEMONS, CHERYL**  
STREET ADDRESS **1001 SOUTH RANGE ST.**  
CITY-ST-ZIP **MADISON FL 32340**

TITLE **S** ☐ Delete  
NAME **CHERRY, MISSY**  
STREET ADDRESS **P O BOX 831**  
CITY-ST-ZIP **MADISON FL 32340**

TITLE **D** ☐ Delete  
NAME **ALLBRITTON, KIMBERLY**  
STREET ADDRESS **PO BOX 568**  
CITY-ST-ZIP **GREENVILLE FL 32331**

TITLE **D** ☐ Delete  
NAME **DAY, LUCILLE**  
STREET ADDRESS **312 NE DUVAL ST**  
CITY-ST-ZIP **MADISON FL 32340**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 address, with all other like empowered.

SIGNATURE:

*Lucille Day*

1/15/03 850-414-6085 x211

CR2E037 (10/02)