


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90082 013 ****70.00

DOCUMENT # N00000002287					
1. Entity Name SCHOOL READINESS COALITION OF HIGHLANDS COUNTY, INC.					
Principal Place of Business 600 WEST COLLEGE DRIVE AVON PARK, FL 33825			Mailing Address 600 WEST COLLEGE DRIVE AVON PARK, FL 33825		
2. Principal Place of Business 426 School Street Suite, Apt. #, etc.		3. Mailing Address P.O. Box 313 Suite, Apt. #, etc.			
City & State Sebring, FL		City & State Sebring, FL		4. FEI Number 65-1006254	
Zip 33870		Country Highlands		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GENTRY, DORIS 650 EAST CORNELL STREET AVON PARK, FL 33825		7. Name and Address of New Registered Agent Name: Colleen Rafatti, Executive Director Street Address (P.O. Box Number is Not Acceptable): 426 School Street City: Sebring FL Zip Code: 33870			
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: <u>Colleen Rafatti, Executive Director</u> <i>Colleen Rafatti</i> 4/5/04 School Readiness Coalition of Highlands County, Inc. (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 D NAME GENTRY, DORIS STREET ADDRESS 650 EAST CORNELL STREET CITY-ST-ZIP AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete		TITLE V/D NAME Edwards, Charlene STREET ADDRESS 2918 Lanett Road CITY-ST-ZIP Avon Park, FL 33825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME RUDASILL, JEAN STREET ADDRESS 2835 N.E. LAKEVIEW CITY-ST-ZIP SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete		TITLE S/D NAME Jackson, Velma STREET ADDRESS 800 S. Delaney CITY-ST-ZIP Avon Park, FL 33825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME WILLIAMS, GAYE STREET ADDRESS 950 CR 17 AW CITY-ST-ZIP AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete		TITLE T/D NAME Birt, Richard STREET ADDRESS 426 School Street CITY-ST-ZIP Sebring, FL 33870	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME ROBERTS, KEVIN STREET ADDRESS 426 SCHOOL STREET CITY-ST-ZIP SEBRING, FL 33870	<input type="checkbox"/> Delete		TITLE C/D NAME Roberts, Kevin STREET ADDRESS 7205 S. George Blvd. CITY-ST-ZIP Sebring, FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Richard Birt</u> Richard Birt			4/5/04 (863) 471-5664 Date Daytime Phone #		