

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90282 017 ****70.00

50023234



01242005 Chg-NP CR2E037 (10/03)

DOCUMENT # N00000002287 1. Entity Name SCHOOL READINESS COALITION OF HIGHLANDS COUNTY, INC.					
Principal Place of Business 426 SCHOOL STREET SEBRING, FL 33870			Mailing Address PO BOX 313 SEBRING, FL 33871-0313		
2. Principal Place of Business 2730 US Highway 27 North Suite, Apt. #, etc.		3. Mailing Address P.O. Box 313 Suite, Apt. #, etc.			
City & State Sebring, FL Zip 33870		City & State Sebring, FL Zip 33871		4. FEI Number 65-1006254 Applied For <input type="checkbox"/> Not Applicable	
Country (USA) Highlands		Country (USA) Highlands		5. Certificate of Status Desired XXX \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAFATTI, COLLEEN 426 SCHOOL STREET SEBRING, FL 33870			7. Name and Address of New Registered Agent Name Colleen Rafatti Street Address (P.O. Box Number is Not Acceptable) 2730 US Highway 27 North 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. Colleen Rafatti, Executive Director SIGNATURE <u>School Readiness Coalition of</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY - ST - ZIP	VD EDWARDS, CHARLENE 2918 LANETT ROAD AVON PARK, FL 33825		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JACKSON, VELMA 800 S. DELANEY AVON PARK, FL 33825		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BIRT, RICHARD 426 SCHOOL STREET SEBRING, FL 33870		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD ROBERTS, KEVIN 7205 S. GEORGE BLVD. SEBRING, FL 33872		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD Doris Gentry 650 East Cornell Street Avon Park, FL 33825	
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>Doris M Gentry</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Doris Gentry Date		863/385-3672 Daytime Phone # ext. 254