


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90062 011 ****61.25

DOCUMENT # N00000002287 1. Entity Name SCHOOL READINESS COALITION OF HIGHLANDS COUNTY, INC.			
Principal Place of Business 2730 US HWY 27 NORTH SEBRING, FL 33870		Mailing Address PO BOX 313 SEBRING, FL 33871-0313	
2. Principal Place of Business 209 N. Ridgewood Drive <small>Suite, Apt. #, etc.</small>		3. Mailing Address 209 N. Ridgewood Drive <small>Suite, Apt. #, etc.</small>	
City & State Sebring, FL <small>Zip</small>		City & State Sebring, FL <small>Zip</small>	
Country USA		Country USA	
4. FEI Number 65-1006254		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAFATTI, COLLEEN 2730 US HWY 27 NORTH SEBRING, FL 33870		7. Name and Address of New Registered Agent Name Colleen Rafatti Street Address (P.O. Box Number is Not Acceptable) 209 N. Ridgewood Drive City Sebring	
State 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</u> <u>Colleen Rafatti - Executive Director</u> <u>3-9-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$81.25 Due by May 1, 2006		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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDWARDS, CHARLENE 2918 LANETT ROAD AVON PARK, FL 33825	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, VELMA 800 S. DELANEY AVON PARK, FL 33825	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIRT, RICHARD 426 SCHOOL STREET SEBRING, FL 33870	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GENTRY, DORIS 650 EAST CORNELL STREET AVON PARK, FL 33825	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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 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: <u>Doris M Gentry</u> <u>3/8/06 (863) 314-9213</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date: _____ Daytime Phone #: _____			