
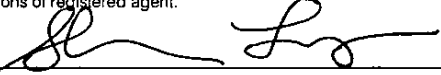
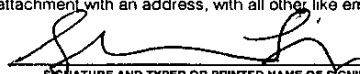


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90083 010 ****61.25

DOCUMENT # N00000002458					
1. Entity Name THE HARDEE COUNTY SCHOOL READINESS COALITION, INC.					
Principal Place of Business C/O HARDEE COUNTY SCHOOL BOARD OFFICE 1009 NORTH SIXTH AVE WAUCHULA, FL 33873			Mailing Address C/O HARDEE COUNTY SCHOOL BOARD OFFICE PO BOX 1678 WAUCHULA, FL 33873		
2. Principal Place of Business 324 NORTH SIXTH AVENUE		3. Mailing Address 324 NORTH 6 th AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WAUCHULA, FLORIDA		City & State WAUCHULA, FLORIDA		4. FEI Number 59-3738819	
Zip 33873		Country USA		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 LAMY, SHUJWANA 901 W MAIN ST. OFFICE 120 WAUCHULA, FL 33873			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 			DATE 8/11/05		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by September 7, 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 C	NAME BUCKLEY, BOBBY		<input type="checkbox"/> Delete		
STREET ADDRESS 659 TORREY RD.	CITY-ST-ZIP BOWLING GREEN, FL 33834		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T	NAME RODRIGUEZ, ANGEL		<input type="checkbox"/> Delete		
STREET ADDRESS P.O. BOX 1549	CITY-ST-ZIP WAUCHULA, FL 33873		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME KNIGHT, SHIRLEY		<input type="checkbox"/> Delete		
STREET ADDRESS 1999 ST RD 64 E	CITY-ST-ZIP WAUCHULA, FL 33873		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME JONES, DENNIS		<input type="checkbox"/> Delete		
STREET ADDRESS PO BOX 1678	CITY-ST-ZIP WAUCHULA, FL 33873		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME STOWELL, KATE		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 122 CENTRAL AVE. WEST	CITY-ST-ZIP WINTER HAVEN, FL 33880		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME COLLINS, SYLVIA		<input type="checkbox"/> Delete		
STREET ADDRESS 502 EAST MAIN ST.	CITY-ST-ZIP WAUCHULA, FL 33873		<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: 			Date 8/15/05		
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # (863) 767-1002		