

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-04-2001 90121 005 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002523

1. Entity Name

THE WALTON COUNTY COALITION FOR SCHOOL READINESS

Principal Place of Business

145 PARK STREET STE 3
DEFUNIAK SPRINGS FL 32433

Mailing Address

145 PARK STREET STE 3
DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business

145 Park Street

Suite, Apt. #, etc.

Suite 3

City & State

DeFuniak Springs, FL

Zip

32435

Country

USA

3. Mailing Address

145 Park Street

Suite, Apt. #, etc.

Suite 3

City & State

DeFuniak Springs, FL

Zip

32435

Country

USA

4. FEI Number

EIN 59-3703398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE President ☐ Delete
NAME Joyce Szilvasy (D)
STREET ADDRESS 1350 West Baldwin Ave.
CITY-ST-ZIP DeFuniak Springs, FL 32435

TITLE Vice-President ☐ Delete
NAME Mona Johnson (D)
STREET ADDRESS 1154 US Hwy 90 West
CITY-ST-ZIP DeFuniak Springs, FL 32433

TITLE Secretary ☐ Delete
NAME Ronita Minote (D)
STREET ADDRESS 145 Park Street, Suite 3
CITY-ST-ZIP DeFuniak Springs, FL 32435

TITLE Treasurer ☐ Delete
NAME Kathy Haight (D)
STREET ADDRESS 107 Tupelo Avenue
CITY-ST-ZIP Ft. Walton Beach, FL 32548

TITLE Executive Committee Member ☐ Delete
NAME Tammy Brown (D)
STREET ADDRESS 261 US Hwy 90 West
CITY-ST-ZIP DeFuniak Springs, FL 32433

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
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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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)