

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002523

1. Entity Name

THE WALTON COUNTY COALITION FOR SCHOOL READINESS
, INC.

Principal Place of Business

145 PARK STREET STE 3
DEFUNIAK SPRINGS FL 32435

Mailing Address

145 PARK STREET STE 3
DEFUNIAK SPRINGS FL 32435

2. Principal Place of Business

1590 US Hwy 331 S.

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 922

Suite, Apt. #, etc.

City & State

DeFuniak Springs, FL

City & State

DeFuniak Springs, FL

Zip

32433

Country

U.S.A.

Zip

32435

Country

U.S.A.

4. FEI Number

59-3703398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINOTE, RONITA
145 PARK STREET STE 3
DEFUNIAK SPRINGS FL 32433

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 P
NAME SZILVASY, JOYCE
STREET ADDRESS 1350 WEST BALDWIN AVE
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 ☐ Delete

TITLE VPD
NAME JOHNSON, MONA
STREET ADDRESS 1154 US HWY 90 WEST
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE SD
NAME HINOTE, RONITA
STREET ADDRESS 145 PARK STREET, STE 3
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 ☐ Delete

TITLE TD
NAME HAIGHT, KATHY
STREET ADDRESS 107 TUPELO AVENUE
CITY-ST-ZIP FORT WALTON BEACH FL 32548 ☐ Delete

TITLE ECMD
NAME BROWN, TAMMY
STREET ADDRESS 261 US HWY 90 WEST
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME Szilvasy, Joyce
STREET ADDRESS 1350 West Baldwin Ave
CITY-ST-ZIP DeFuniak Springs, FL 32435 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME Haight, Kathy
STREET ADDRESS 107 Tupelo Avenue
CITY-ST-ZIP Fort Walton Beach, FL 32548 ☒ Change ☐ Addition

TITLE T/D
NAME Brown, Tammy
STREET ADDRESS 261 US Hwy 90 West
CITY-ST-ZIP DeFuniak Springs, FL 32433 ☒ Change ☐ Addition

TITLE D
NAME Cecilia Jones
STREET ADDRESS 145 Park Street, Ste 3
CITY-ST-ZIP DeFuniak Springs, FL 32433 ☐ Change ☒ 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:

Kathleen G. Haight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen G. Haight

3/26/02

Date

850-892-2133

Daytime Phone #

CR2E037 (9/01)

0062836

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90886 008 ****61.25



DO NOT WRITE IN THIS SPACE