

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90062 005 \*\*\*\*61.25

**DOCUMENT # N00000002523**

1. Entity Name

**THE WALTON COUNTY COALITION FOR SCHOOL  
READINESS, INC.**



Principal Place of Business

171 NORTH 9TH STREET  
DEFUNIAK SPRINGS FL 32433

Mailing Address

P.O. BOX 922  
DEFUNIAK SPRINGS FL 32435

**24042546**



MOORE CR2E037 (11/03)

2. Principal Place of Business

*Same*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3703398**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, MONA  
145 PARK STREET STE 3  
DEFUNIAK SPRINGS FL 32433**

7. Name and Address of New Registered Agent

Name *Marilyn Louwerens*

Street Address (P.O. Box Number is Not Acceptable)

*DeFuniak Springs*

City

**FL** Zip Code  
**32433**

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 *Marilyn Louwerens*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*March 22, 2004*

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE *TD*  
NAME **NEHRING, BETTY** ☐ Delete  
STREET ADDRESS **2499 CYPRESS ST.**  
CITY - ST - ZIP **WESTVILLE FL 32464**

TITLE *SD*  
NAME **CLEAR, CAROLYN** ☐ Delete  
STREET ADDRESS **2499 CYPRESS ST.**  
CITY - ST - ZIP **WESTVILLE FL 32464**

TITLE *PD*  
NAME **LOWERENS, MARILYN** ☒ Delete  
STREET ADDRESS **640 BALDWIN AVE.**  
CITY - ST - ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE *D*  
NAME **JONES, CECILIA** ☐ Delete  
STREET ADDRESS **145 PARK STREET, STE 3**  
CITY - ST - ZIP **DEFUNIAK SPRINGS FL 32433**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *VP*  
NAME **Bill Laird** ☐ Change ☒ Addition  
STREET ADDRESS **2194 Hwy 83B**  
CITY - ST - ZIP **DeFuniak Springs, FL 32433**

TITLE *D*  
NAME **Mary Lou Reed** ☐ Change ☒ Addition  
STREET ADDRESS **109 8th Ave**  
CITY - ST - ZIP **Shalimar, FL 32579**

TITLE *[blank]*  
NAME **[blank]** ☐ Change ☐ Addition  
STREET ADDRESS **[blank]**  
CITY - ST - ZIP **[blank]**

TITLE *[blank]*  
NAME **[blank]** ☒ Change ☐ Addition  
STREET ADDRESS **[blank]**  
CITY - ST - ZIP **[blank]**

TITLE *[blank]*  
NAME **[blank]** ☒ Change ☐ Addition  
STREET ADDRESS **[blank]**  
CITY - ST - ZIP **[blank]**

TITLE *[blank]*  
NAME **[blank]** ☐ Change ☐ Addition  
STREET ADDRESS **[blank]**  
CITY - ST - ZIP **[blank]**

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: *Marilyn Louwerens* *Marilyn Louwerens* 04-12-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #