FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 01, 2002 8:00 am Secretary of State DOCUMENT # N0000002617 1. Entity Name SCHOOL READINESS COALITION OF DESOTO COUNTY, INC 04-01-2002 90055 012 ****61.25 Principal Place of Business Mailing Address 318 WILSON AVE. 318 WILSON AVE. ARCADIA FL 34266 ARCADIA FL 34266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4, FEI Number Applied For 59-3645289 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mary Victor Street Address (P.O. Box Number is Not Acceptable) 1978 N. E. Floridian Circle VINCENT A. SICA, P.A. 10 S. DESOTO AVE., SUITE 101 ARCADIA FL 34266 Arcadia, F' 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5:00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLE 'n X Change Addition GOODMAN, SHARON T <u>ō</u> NAME NAME MARY VICTOR 318 N. WILSON AVENUE STREET ADDRESS STREET ADDRESS 1978 N.E. FLORIDIAN CIRLCE ARCADIA FL 34266 ARCADIA, FL 34266 CITY-ST-ZIP CITY-ST-7IP VD TX Change TITLE ☐ Delete TITLE ☐ Addition SAVAGE. DANIEL REV LOIS NATIELLO NAME NAME 407 N. HILLSBOROUGH AVENUE STREET ADDRESS STREET ADDRESS 805 N. MILLS CITY-ST-ZIP ARCADIA FL 34266 CITY-ST-ZIP ARCADIA, FL 34266 TITLE ▼ Change ☐ Delete SD ☐ Addition TITLE MATHIS, CAROL ANN NAME NAME RON TURNER 1006 N. BREVARD AVE STREET ADDRESS STREET ADDRESS 34 BALDWIN AVENUE CITY-ST-ZIP arcadia fl 34266 CITY-ST-ZIP ARCADIA. FL 34266 ☐ Change ☐ Addition TITLE ☐ Delete MORTON, SUZANNE NAME NAME 400-N -- BREVARD-AVE STREET ADDRESS STREET ADDRESS ARCADIA FL 34266 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

MARY VICTOR

2002	UNIF	OKM BUSI	NESS REPU	וחי	lobe	<u> </u>	- H ((#	CHMENT			TINGR 523	
DOCUI 1. Entity Name		N000000	02617	,					Š			
SCHOOL	. READINES	S COALITION OF	DESOTO COUNTY,	INC					_			
Principal Place of Business			Mailing Address						353	789		
318 WILSON AVE. Arcadia Fl 34266			318 WILSON AVE. ARCADIA FL 34266							101		
ATOMORN TE OF	1600		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
2 Principal Pl	lace of Busines	2	3. Mailing Address									
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			 -	DO NOT WRITE IN THIS SPACE					
City & State			City & State				4. FEI Number 59-3645289 Applied For Not Applicable					
Zip Country		Country	Zip		Country		5. Certificate of S	tatus Desired	\$8.75 Addi			
	6. Name an	d Address of Current R	legistered Agent	<u> </u>			7. Name and Ad	dress of New Registe				
					Name		Mary Victor					
VINCENT A. SICA, P.A. 10 S. DESOTO AVE., SUITE 101				Street A	et Address (P.O. Box Number is Not Acceptable) 1978 N. E. Floridian Circle							
ARCADIA FL 34266												
		n.			City	cadia	•		FL Zip Code 3426	6		
8. The above	named entity s	ubmits this statement for	the purpose of changing its	s register	ed office or	registere	ed agent, or both, in	the state of Florida.	•	Ì.		
SIGNATURE .	Signature, typed or p	orinted name of registered agent a	nd title if applicable. (NO	TE: Registere	d Agent signati	are required	when reinstating)	0.	ATE			
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المستنجد	FILE NOW:	FEE IS \$61.25	9. Election Ca		-		\$5.00 May Be Added to Fees	Make Cl	neck Payable t Iment of State	to · Table		
									en de la composición	·- *		
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NAME	GOODMAN,		Delete	NAM			VICTOR		₩ cuando		7 (9/01	
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NAME	SAVAGE, DA			NAM	IE	LOIS	NATIELLO			_		
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TITLE	SD		□ Delete	TITL		SD	DIA, FL 34	200	X Change	☐ Addition		
NAME	MATHIS, CA			NAM		RON	TURNER					
STREET ADDRESS CITY-ST-ZIP	1006 N. BRE ARCADIA FL			•	EET ADDRESS '- ST-ZIP		ALDWIN AVE					
TITLE	TD		☐ Delete	TITL	E	AKCA	DIA, FL_34		Change	Addition		
NAME	MORTON, S 400 N. BRE\			NAM						سنبے ، ساو	_	
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CITY-ST-ZIP					-ST-ZIP							
TITLE			☐ Delete	TITL				<u>-</u>	☐ Change	Addition		
NAME STREET ADDRESS				NAM STRI	ME EET ADORESS							
CITY-ST-ZIP					r-ST-ZIP							
12. I berehv	certify that the i	nformation supplied with	this filing does not qualify for	or the exe	emption sta	ted in Se	ction 119.07(3)(i). F	florida Statutes. I furthe	er certify that the in	formation	1	

Thereby Dentity that the information supplied with this hirting does not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes. 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 outh; 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

MARY VICTOR