

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90231 023 ****70.00

DOCUMENT # N00000002633

1. Entity Name
THE MONROE COUNTY SCHOOL READINESS COALITION, IN C.



Principal Place of Business

**1304 TRUMAN AVENUE
KEY WEST FL 33040**

Mailing Address

**1304 TRUMAN AVENUE
KEY WEST FL 33040**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1013952**

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

**BARKER, JOSEPH
1523 SEMINARY ST
KEY WEST FL 33040**

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

Joseph Barker

Vice Chair

1-30-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete
NAME **BARKER, JOSEPH**
STREET ADDRESS **1523 SEMINARY STREET**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **V/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **TALLMADGE, RICHARD**
STREET ADDRESS **1700 JAMAICA DRIVE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **P/D** ☐ Change ☒ Addition
NAME **LOIS WOLFE**
STREET ADDRESS **6104 GOLF OF MEXICO BLVD**
CITY-ST-ZIP **MARATHON, FL 33050**

TITLE **CD** ☒ Delete
NAME **WIECJOREK, KIM**
STREET ADDRESS **122 FONTAINE DRIVE**
CITY-ST-ZIP **TAVERNIER FL 33070**

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

TITLE **TD** ☒ Delete
NAME **BROWN-MARTILIK, MARY**
STREET ADDRESS **1134 DE LUSSAN LANE**
CITY-ST-ZIP **CUDJOE KEY FL 33042**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T/D** ☐ Change ☒ Addition
NAME **LORA ALBRITTON**
STREET ADDRESS **1111 12TH ST., SUITE 301**
CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
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)(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:

Lora Albritton
REQUIREMENTS WOLFE, CHAIR

JAN 30, 2003

**(305)
743-0250**

CR2E037 (10/02)