

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

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90011 014 \*\*\*\*70.00

**DOCUMENT # N00000003097**

1. Entity Name

BREVARD SCHOOL READINESS COALITION, INC.



Principal Place of Business

1770 CEDAR ST  
BLDG 5  
ROCKLEDGE, FL 32955  
US

Mailing Address

P.O. BOX 560692  
ROCKLEDGE FL 32956-0692  
US

44010887



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3651961

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

COPE, ANNE  
1770 CEDAR ST  
BLDG 5  
ROCKLEDGE FL 32955

Name

Jennifer S. Floyd

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

1770 Cedar St Bldg #5

City

Rockledge

FL

Zip Code  
32955

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

*Jennifer S. Floyd*

Jennifer S. Floyd

2/4/04

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**  
**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 C/D ☐ Delete  
NAME ALLEN, JOHN  
STREET ADDRESS 3275 SUNTREE BLVD  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE V/D ☐ Delete  
NAME WHITAKER, JIM  
STREET ADDRESS 400 E SHERIDAN RD  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE S/D ☒ Delete  
NAME DUNN, CHERYL  
STREET ADDRESS 2725 JUDGE FRAN JAMIESON WAY #A  
CITY-ST-ZIP VIERA FL 32940

TITLE T/D ☐ Delete  
NAME SOUTH, LINDA  
STREET ADDRESS 597 HAVERTY CT, SUITE 40  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE M ☒ Delete  
NAME COPE, ANNE  
STREET ADDRESS 1770 CEDAR ST, BLDG 5  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S/D ☐ Change ☒ Addition  
NAME Stahl, Maria  
STREET ADDRESS 2575 N. Courtenay Pkwy.  
CITY-ST-ZIP Merritt Island, FL 32953

TITLE M ☐ Change ☒ Addition  
NAME Floyd, Jennifer S.  
STREET ADDRESS 1770 Cedar St Bldg #5  
CITY-ST-ZIP Rockledge, FL 32955

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

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

TITLE ☐ Change ☐ Addition  
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:

*Jennifer S. Floyd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer S. Floyd

2/4/04

Date

(321)634-6101

Daytime Phone #