


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90030 038 \*\*\*\*61.25

<b>DOCUMENT # N00000003097</b> 1. Entity Name <b>BREVARD SCHOOL READINESS COALITION, INC.</b>					
Principal Place of Business <b>1770 CEDAR ST BLDG 5 ROCKLEDGE, FL 32955 US</b>				Mailing Address <b>P.O. BOX 560692 ROCKLEDGE, FL 32956-0692 US</b>	
2. Principal Place of Business <b>500 Barton Blvd</b>		3. Mailing Address  			
Suite, Apt. #, etc. <b>Suite 7</b>		Suite, Apt. #, etc.			
City & State <b>Rockledge, FL</b>		City & State			
Zip <b>32955</b>	Country <b>US</b>	Zip	Country	4. FEI Number <b>59-3651961</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>FLOYD, JENNIFER S 1770 CEDAR ST BLDG 5 ROCKLEDGE, FL 32955</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Melissa Murphy</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 Barton Blvd</b> <b>Suite 7</b> City <b>Rockledge</b> <b>FL</b> Zip Code <b>32955</b>		
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 <u><i>Melissa Murphy</i></u> <span style="float: right;">1/4/06</span> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D STAGMAN, CHRIS 937 DIXON BLVD COCOA, FL 32922	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Smithwick, Shannon 14 Suntree Place Suite 1033 Melbourne, FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D COYNE, MILDRED 1519 CLEARLAKE RD COCOA, FL 32927	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STAHL, MARIA 2575 N. COURTENAY PKWY. MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Pamelia Hamilton 2575 N Courtenay Prkwy Merritt Island, FL 32953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SMITHWICK, SHANNON 14 SUNTREE PLACE, STE 1033 MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Marci Brilley 597 Haverty Court Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FLOYD, JENNIFER S 1770 CEDAR ST, BLDG 5 ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Melissa Murphy 500 Barton Blvd Suite 7 Rockledge, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u><i>Melissa Murphy</i></u>			1/4/06 321-637-7241		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		