

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003097

FILED
Mar 30, 2009
Secretary of State

Entity Name: BREVARD SCHOOL READINESS COALITION, INC.

Current Principal Place of Business:

1018 FLORIDA AVE
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560692
ROCKLEDGE, FL 329560692 US

New Mailing Address:

FEI Number: 59-3651961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURPHY, MELISSA
1018 FLORIDA AVE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HAMILTON, PAMELIA
Address: 2575 NORTH COURTENAY PARKWAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: V/D () Delete
Name: COYNE, MILDRED
Address: 1519 CLEARLAKE RD
City-St-Zip: COCOA, FL 32927

Title: TD () Delete
Name: BRILLEY, MARCI
Address: 597 HAVERTY COURT SUITE 40
City-St-Zip: ROCKLEDGE, FL 32955

Title: CD () Delete
Name: SMITHWICK, SHANNON
Address: 14 SUNTREE PLACE, STE 1033
City-St-Zip: MELBOURNE, FL 32940

Title: M () Delete
Name: MURPHY, MELISSA
Address: 1018 FLORIDA AVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC (X) Change () Addition
Name: HAMILTON, PAMELIA
Address: 2575 NORTH COURTENAY PARKWAY
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TD (X) Change () Addition
Name: COYNE, MILDRED
Address: 1519 CLEARLAKE RD
City-St-Zip: COCOA, FL 32927

Title: S (X) Change () Addition
Name: BRILLEY, MARCI
Address: 597 HAVERTY COURT SUITE 40
City-St-Zip: ROCKLEDGE, FL 32955

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA MURPHY

ED

03/30/2009

Electronic Signature of Signing Officer or Director

Date