2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004
Secretary of State

DOCUMENT# N00000003099

Entity Name: THE SCHOOL READINESS COALITION OF OKALOOSA COUNTY, INC.

Current Principal Place of Business:

C/O THE UNITED WAY
112 TUPELO AVENUE, S.E.
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

2018 LEWIS TURNER BOULEVARD
SUITE #D
FORT WALTON BEACH, FL 32547

Current Mailing Address:

C/O THE UNITED WAY
112 TUPELO AVENUE, S.E.
FORT WALTON BEACH, FL 32548

New Mailing Address:

2018 LEWIS TURNER BOULEVARD
SUITE #D
FORT WALTON BEACH, FL 32547

FEI Number: 31-1745051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANCHORS, MICHELLE
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH, FL 32547 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: VD ( ) Delete
Name: PAPPAS, CARMELLA
Address: 221 HOSPITAL DRIVE NE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: CD ( ) Delete
Name: RILEY-TAYLOR, MARION
Address: P.O. BOX 8
City-St-Zip: VALPARAISO, FL 32580

Title: SD ( ) Delete
Name: SANDLIN, BEVERLY
Address: 100 COLLEGE BLVD
City-St-Zip: NICEVILLE, FL 32578

Title: TD ( ) Delete
Name: FOX, EVELYN
Address: 12 MIRACLE STRIP PKWY STE 204
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: PAPPAS, CARMELLA
Address: 221 HOSPITAL DRIVE NE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VD (X) Change ( ) Addition
Name: FRANKLIN, PATRICIA
Address: 340 NW BEAL PARKWAY
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: SD (X) Change ( ) Addition
Name: FOX, EVELYN
Address: 221 HOSPITAL DRIVE, NE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD (X) Change ( ) Addition
Name: DWYER, DENNIS
Address: 102 BAILEY DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: PD ( ) Change (X) Addition
Name: RILEY-TAYLOR, MARION
Address: P. O. BOX 8
City-St-Zip: VALPARAISO, FL 32580

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARMELLA H. PAPPAS CD 02/05/2004

Electronic Signature of Signing Officer or Director — Date