2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

							-	7000	1	E 11	ED		
DOCUMENT # N0000003099									FILED				
Entity Name SCHOOL READINESS COALITION SERVING OKALOOSA									06 DEC 15 PM 2: 20				
AND WALTON COUNTIES, INC.										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	111 6	۷.	
									ွပ်နာ (၁	NL (Åb.)	Y OF STA EE, FLOI	NTE	
Principal Place 2018 LEWIS 1			•	Aailing Address 2018 LEWIS TURNER BOULEVARD				i ALI.	AHASS	EE, FLOI	RIDA		
SUITE #D	I ONNEN DO	GLEVAND		SUITE #D									
FORT WALTO	N BEACH, F	L 32547		FORT WALTON BEACH, FL 32547					 	III 14 19 1611 1		MET ET TETT	
2. Principal Place of Business 3. Mailing Address													
		Turver B	orleva		2018 Lowis Turner Boulevard					الاهامة الاهامة الإالة أشمر "" أ" " " و	11.22	ilihi si isiji	
Suite, Apt.	#, etc			Suite, Apt. #, etc.					11212006 REIN-NP	CRZE	99 (1.1/05)	<i>)</i> 6	
City & State	<u>, er C</u>			Svite #C					4. FEI Number		I IAc	plied For	
Fort	Walto	n Beacl	FL	FortWalton Beach, FL					31-1745051			t Applicable	
Zip 2 2 L	747	OKA DOS		2 Zip	:47		untry	Δ	5. Certificate of Status Desired	*	\$8.75 Add		
<u> </u>	0 1 / 6 Name	Registered Agent			<u>llous</u>	4	7. Name and Address of New	Registered	Fee Require	o			
-			Out to the to	7. Italic and Flacious Strict	rtogrotorou	7 ·gu							
ANCHORS, MICHELLE 909 MAR WALT DRIVE								Street Address (P.O. Box Number is Not Acceptable)					
SUITE 1014													
FORT WALTON BEACH, FL 32547													
								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 Milly CMMas, Michelle Anchors 11/30/06													
	Signature, typed	I or printed name of regis	teres agent a	nd title if applica	ible. (NO	TE: Registe	red Agent sign	ature requi	red when reinstating)	DATE			
		FEE IS \$61.2		notice A . H Ann Flo		k payable t							
10.		OFFICERS	AND DIR	FCTORS		11.			ADDITIONS/CHANGES TO OFFIC				
TITLE	CD	- OF TOLING	110000	Delete TITLE				DN			Change	Addition	
NAME		ARY LOU		NAME				Re	eed, Mary L	Oυ		Ì	
STREET ADDRESS CITY-ST-ZIP	109 8TH .	AVENUE JR. FL 32579				LET ADDRESS Y-ST-ZIP		,		•			
TITLE	SD		-	Defete TITLE				177			Change	Addition	
NAME	WARREN	ł, JILL		NAM				• •	.		A onlingo		
STREET ADDRESS		H STREET					LEET ADDRESS	s				l.	
CITY-ST-ZIP	TD	E, Fl. 32578		Delete IIII			Y-ST-ZIP	71	· · · · · · · · · · · · · · · · · · ·			Addition	
NAME	DWYER,	DENNIS		NAM				Riley Taylor, Marion			Saferia.	Addition	
STREET ADDRESS		ST BALDWIN		1			EET ADDRESS	P.O	Box 9'DD'		0		
CITY-ST-ZIP	<u></u>	K SPRINGS, F	L 32435				Y-ST-ZIP	V.	CEVILLETT 3	258	0	NZ	
TITLE NAME	PD LOUWER	RENS, MARILYI	٨		Delete	TITI		15 D	Ida F. Sims.	1 < 4	Change	Addition	
STREET ADDRESS		OWIN AVENUE			STRE			140	Hallywood Bly	اردره	U 2548		
CITY-ST-ZIP	DEFUNIA	K SPRINGS, F	L 32433	_		CIT	Y-ST-ZIP	For	t Walt on Beach, I	-L 5	~~ 10 <u> </u>		
TITLE NAME	-				☐ Delete	TIT! NA!			panaso	_ = = 4	Change	☐ Addition	
STREET ADDRESS	j	10.1					REET ADDRESS		12/70/4//0601/08	:T=-021	**70.	. 00	
CITY-ST-ZIP		W1121	12			CIT	Y-S1-ZIP						
TITLE		1	-		☐ Delete	זוז					☐ Change	☐ Addition	
NAME STREET ADDRESS						NAI Ste	ME Ree1 address						
CITY-ST-ZIP							Y-S1-ZIP						
12. I hereby	certify that t	ne information su	oplied with	this filing o	does not qualify	for the e	xemptions	containe	ed in Chapter 119, Florida Statutes	s. I turther o	ertify 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 appears, with-all other likeyempowered.													
A(0, A(0)) = A(0, A(0))													
SIGNATURE JOSUA AL Mayor Gloria W. Mayor Exec. Director 11-23-06													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/OR DIRECTOR Date Daylane Prone #													
Phone 850-833-3627												621	