2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# N00000003099

Entity Name: SCHOOL READINESS COALITION SERVING OKALOOSA AND WALTON COUNTIES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:	PD	( ) Delete
Name:	REED, MARY LOU	
Address:	109 8TH AVENUE	
City-St-Zip:	SHALIMAR, FL 32579	
Title:	VC	( ) Delete
Name:	WARREN, JILL	
Address:	1405 29TH STREET	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	TD	( ) Delete
Name:	KEEN, KRISTIN	
Address:	4460 LENGENDARY DRIVE, STE 100	
City-St-Zip:	DESTIN, FL 32541	
Title:	CD	( ) Delete
Name:	SIMS, SANDRA F	
Address:	140 HOLLYWOOD BLVD SW	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	SD	( ) Delete
Name:	FRANKLIN, PATRICIA	
Address:	340 NW BEAL PARKWAY	
City-St-Zip:	FT. WALTON BEACH, FL 32547	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: GLORIA W. MAYO EXED 04/07/2008

Electronic Signature of Signing Officer or Director — Date