2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State
05-16-2003 90177 029 ****61.25

000947B

DOCUMENT # N00000003099

1. Entity Name

THE SCHOOL READINESS COALITION OF OKALOOSA COUNTY, INC.

Principal Place of Business	Mailing Address
C/O THE UNITED WAY 112 TUPELO AVENUE. S.E. FORT WALTON BEACH FL 32548	C/O THE UNITED WAY 112 TUPELO AVENUE. S.E. FORT WALTON BEACH FL 32548

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 31-1745051 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANCHORS, MICHELLE
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD REED, MARY LOU 109 8TH AVENUE SHALIMAR FL 32579 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MARION RILEY_TAYLOR P. O. Box 8 Valparaiso, FL 32580 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RILEY-TAYLOR, MARION P.O. BOX 8 VALPARAISO FL 32580 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Carmella Pappas 221 Hospital Drive, NE Ft. Walton Beach, FL 32548 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARTIN, ANITA 225 N.E. TROY STREET FT. WALTON BEACH FL 32548 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Beverly Sandlin 100 College Blvd Niceville, FL 32578 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BLACKBURN, ANGELA 4460 LEGENDARY DRIVE, STE. 100 DESTIN FL 32541 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Evelyn Fox 12 Miracle Strip Pkwy, Ste 204 Fort Walton Beach, FL 32548 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: Carmella Pappas 5/8/03 Carmella Pappas (850) 833-9244, x132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone Number