

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 01, 2004
Secretary of State**

DOCUMENT# N00000003156

Entity Name: LAKE COUNTY SCHOOL READINESS COALITION, INC.

Current Principal Place of Business:

% KIM WEBB
1410 EMERSON STREET
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

1410 EMERSON ST
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-3666873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUITT, WILL
1410 EMERSON STREET
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

THOMPSON, B. E.
1410 EMERSON STREET
LEESBURG, FL 34748 US

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: B. E. THOMPSON 04/01/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: PRUITT, WILL
Address: 1410 EMERSON STREET
City-St-Zip: LEESBURG, FL 34748

Title: VCD () Delete
Name: THOMPSON, B.E.
Address: P.O. BOX 491000
City-St-Zip: LEESBURG, FL 34749

Title: TD () Delete
Name: SMITH, SCOTT
Address: 2453 BROADVUE AVENUE
City-St-Zip: EUSTIS, FL 32726

Title: SD () Delete
Name: VACANT, VACANT
Address: 1410 EMERSON STREET
City-St-Zip: LEESBURG, FL 34748

Title: MD () Delete
Name: WEBB, KIM
Address: 1410 EMERSON STREET
City-St-Zip: LEESBURG, FL 34748

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 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: KIM WEBB MD 04/01/2004
Electronic Signature of Signing Officer or Director Date