4/9/4/9/1

**FILED**
**Jul 10, 2001 8:00 am**
**Secretary of State**
04-09-2001 90001 026 ****61.25

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003166

1. Entity Name

TAYLOR COUNTY SCHOOL READINESS COALITION, INC.

(4)

| Principal Place of Business | Mailing Address |
|---|---|
| ~~524 EAST LAFAYETTE STREET~~ 318 N. Clark<br>PERRY FL 32347 | ~~524 EAST LAFAYETTE STREET~~ 318 N. Clark<br>PERRY FL 32347 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 318 N. Clark St. | 550 Myrtle St. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Perry, Florida | Perry, Fl |
| City & State | City & State |
| Zip: 32347 Country: U.S.A. | Zip: 32347 Country: U.S.A |

4. FEI Number: ☒ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DEMPS, CAROLYN C<br>~~524 EAST LAFAYETTE STREET~~ 550 Myrtle St.<br>PERRY FL 32347 | Name: N/A<br>Street Address (P.O. Box Number is Not Acceptable):<br>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.

SIGNATURE: Carolyn C. Demps DATE: 5/03/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees | Make Check Payable to Department of State |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE | D | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | DEMPS, CAROLYN C, Chairman | | NAME | | |
| STREET ADDRESS | ~~524 EAST LAFAYETTE STREET~~ | | STREET ADDRESS | 203 Forest Park Drive | |
| CITY-ST-ZIP | PERRY FL 32347 | | CITY-ST-ZIP | Perry, Florida 32347 | |
| TITLE | D | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | HINGSON, VELMA, Secretary | | NAME | Velma Hingson | |
| STREET ADDRESS | ~~524 EAST LAFAYETTE STREET~~ | | STREET ADDRESS | 1265 Hingson-Tanner Rd. | |
| CITY-ST-ZIP | PERRY FL 32347 | | CITY-ST-ZIP | Perry, Florida 32347 | |
| TITLE | Stephanie Ronan, Treasurer | ☐ Delete | TITLE | Stephanie Ronan | ☐ Change ☒ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | 1176 Capitol Circle N.E. | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Tallahassee, Fl 32301-3519 | |
| 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 |

CR2E007 (10/00)

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: Carolyn C. Demps 5/03/01 (850) 584-4702
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #