

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90070 009 ****61.25

DOCUMENT # N00000003166

1. Entity Name

TAYLOR COUNTY SCHOOL READINESS COALITION,
INC.



Principal Place of Business

Mailing Address

TAYLOR CTY SCHOOL READINESS COALITION
318 NORTH CLARK STREET
PERRY FL 32347
US

TAYLOR CTY SCHOOL READINESS COALITION
318 NORTH CLARK STREET
PERRY FL 32347
US

4000J04J



1st MOORE

CR2E037 (10/04)

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

59-3714991

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

HATHCOCK, SHARON
520 AGAUNALDO AVE 520 Aquanaldo Ave..
PERRY FL 32347

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
Due By May 1, 2005

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 DVC ☒ Delete
NAME MILLER, JUDIE
STREET ADDRESS 1170 CAPITAL CIRCLE NE
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE DVC ☐ Change ☒ Addition
NAME Deborah Humphries
STREET ADDRESS 203 Forest Park Drive
CITY-ST-ZIP Perry, FL 32347

TITLE DC ☐ Delete
NAME HATHCOCK, SHARON
STREET ADDRESS 524 EAST LAFAYETTE STREET
CITY-ST-ZIP PERRY FL 32347

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME KANE, DIANE
STREET ADDRESS 112 PINE TREE ROAD
CITY-ST-ZIP PERRY FL 32348

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME TEDDER, SHEILA
STREET ADDRESS 209 EAST HAMPTON SPRINGS AVE
CITY-ST-ZIP PERRY FL 32347

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Sharon Hathcock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05 850-838-2535
Date Daytime Phone #