

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

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90228 045 \*\*\*\*61.25

**DOCUMENT # N00000003166**

1. Entity Name

**TAYLOR COUNTY SCHOOL READINESS COALITION, INC.**



Principal Place of Business

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

Mailing Address

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

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

**HATHCOCK, SHARON  
524 E LAFAYETTE STREET  
PERRY FL 32347**

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

TITLE **DC** ☒ Delete  
NAME **KHODR, BILAL**  
STREET ADDRESS **1706 SOUTH JEFFERSON STREET**  
CITY-ST-ZIP **PERRY FL 32347**

TITLE **DVC** ☒ Delete  
NAME **HATHCOCK, SHARON**  
STREET ADDRESS **524 EAST LAFAYETTE STREET**  
CITY-ST-ZIP **PERRY FL 32347**

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

TITLE **T** ☒ Delete  
NAME **RONAN, STEPHANIE**  
STREET ADDRESS **1170 CAPITOL CIRCLE NE**  
CITY-ST-ZIP **TALLAHASSEE FL 32301-3519**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DC** ☐ Change ☒ Addition  
NAME **Hathcock, Sharon**  
STREET ADDRESS **524 E. Lafayette Street**  
CITY-ST-ZIP **Perry, Florida 32347**

TITLE **DVC** ☐ Change ☒ Addition  
NAME **Ethelene Hayes**  
STREET ADDRESS **P.O. Box 818**  
CITY-ST-ZIP **Greenville, Florida 32331**

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

TITLE **T** ☐ Change ☒ Addition  
NAME **Shelia Tedder**  
STREET ADDRESS **209 East Hampton Springs Ave.**  
CITY-ST-ZIP **Perry, Florida 32347**

TITLE ☐ Change ☐ Addition  
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*

**1/8/02 850-838-2535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037