

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90031 048 ****61.25

DOCUMENT # N00000003385

1. Entity Name
**THE SCHOOL READINESS COALITION OF MARTIN
COUNTY, INC.**



Principal Place of Business
**2030 SE OCEAN BLVD.
STUART, FL 34996**

Mailing Address
**2030 SE OCEAN BLVD.
STUART, FL 34996**

44005653



2. Principal Place of Business
2030 SE Ocean Blvd

3. Mailing Address
2030 SE Ocean Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State
Stuart, Florida

City & State
Stuart, Florida

4. FEI Number
65-1035652

Applied For
Not Applicable

Zip
34996

Country

Zip

34996

Country

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

**FAULK, OLAN J ED
2030 SE OCEAN BLVD.
STUART, FL 34996**

Name **Faulk, Olan J. - ED**

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

2020 SE Ocean Blvd.

City

Stuart

FL

Zip Code

34996

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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	DC OLSSON, CHUCK VCHAIR 2030 SE OCAN BLVD. STUART, FL 34996	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLETIER, PATTI SEC. 2030 SE OCEAN BLVD. STUART, FL 34996	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD FAULK, OLAN J ED 2030 SE OCEAN BLVD. STUART, FL 34996	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BECK, PEG TREA. 2030 SE OCEAN BLVD. STUART, FL 34996	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PLYMALE, SHERRY 2030 SE OCEAN BLVD. STUART, FL 34996	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Olsson, Chuck - Chair 2020 SE Ocean Blvd. Stuart, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC Griggs, Nan - Vice Chair 2020 SE Ocean Blvd. Stuart, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Beck, Peg - Finance Chair 2020 SE Ocean Blvd. Stuart, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gwenda Thompson 2020 SE Ocean Blvd. Stuart, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sherry Plymale 2020 SE Ocean Blvd. Stuart, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OLAN J. FAULK

Date

Daytime Phone #

1-6-04 772-463-3212