

2002 UNIFORM BUSINESS REPORT (UBR)

4/2/

FILED
May 01, 2002 8:00 am
Secretary of State

04-02-2002 90106 020 ****61.25

DOCUMENT # N00000003573

1. Entity Name

FLAGLER COUNTY SCHOOL READINESS COALITION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 755
 BUNNELL FL 32110

P.O. BOX 755
 BUNNELL FL 32110

2. Principal Place of Business

1200 Magnolia Street

3. Mailing Address

P.O. Box 1008

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bunnell, FL

City & State

Bunnell, FL 32110

4. FEI Number

59-3711743

Applied For

Not Applicable

Zip

32110

Country

USA

Zip

32110

Country

USA

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

CHIUMENTO, MICHAEL D
48 OLD KINGS ROAD NORTH
PALM COAST FL

Name

Jo Sheppard, CEO Child Care Resource Network

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

230 North Beach Street

City

Daytona Beach

FL

Zip Code
32114

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

Jo Sheppard

Jo Sheppard

3/15/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$81.25

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

TITLE **D** ☒ Delete
 NAME **EDWARDS, PHYLLIS A**
 STREET ADDRESS **P.O. BOX 755**
 CITY-ST-ZIP **BUNNELL FL 32110**

TITLE **D** ☒ Delete
 NAME **DAVENPORT, CHRISTINE**
 STREET ADDRESS **210 PALMETTO AVENUE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** ☒ Delete
 NAME **SHEPPARD, JO**
 STREET ADDRESS **230 N. BEACH STREET**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** ☒ Delete
 NAME **JACKSON, PAMELA**
 STREET ADDRESS **P.O. BOX 2280**
 CITY-ST-ZIP **BUNNELL FL 32110**

TITLE **D** ☒ Delete
 NAME **LINKE, LINDA**
 STREET ADDRESS **P.O. BOX 847**
 CITY-ST-ZIP **BUNNELL FL 32110**

TITLE **D** ☒ Delete
 NAME **KING, HERSCHEL JR**
 STREET ADDRESS **RT. 1, BOX 77**
 CITY-ST-ZIP **BUNNELL FL 32110**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Chairperson** ☐ Change ☒ Addition
 NAME **Carol Bailey**
 STREET ADDRESS **105 Barrington DR.**
 CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE **Vice-Chair** ☐ Change ☒ Addition
 NAME **Denise Calderwood**
 STREET ADDRESS **1013 3106**
 CITY-ST-ZIP **Bunnell, FL 32110**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Kathryn Lopez**
 STREET ADDRESS **10 Gailberry Ct.**
 CITY-ST-ZIP **Bunnell, FL 32110**

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Marge Campamy**
 STREET ADDRESS **9 Woodshire Ln.**
 CITY-ST-ZIP **Palm Coast, FL 32164**

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

Carol Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-25-02 386-445-1148

Daytime Phone #

CR2E037 (9/01)