

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90281 009 ****61.25

DOCUMENT # N00000003573



1. Entity Name
FLAGLER COUNTY SCHOOL READINESS COALITION, INC.

Principal Place of Business
**1200 MAGNOLIA ST.
BUNNELL, FL 32110**

Mailing Address
**PO BOX 1008
BUNNELL, FL 32110**

40059842



2. Principal Place of Business

230 N. Beach St.

Suite, Apt. #, etc.

3. Mailing Address

230 N. Beach St.

Suite, Apt. #, etc.

03182005

Chg-NP

CR2E037 (10/03)

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

4. FEI Number

59-3711743

Applied For

Not Applicable

Zip
32114

Country
USA

Zip
32114

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**

6. Name and Address of Current Registered Agent

**SHEPPARD, JO
CHILD CARE RESOURCE NETWORK
230 NORTH BEACH STREET
DAYTONA BEACH, FL 32114**

7. Name and Address of New Registered Agent

Name
Julia Ware

Street Address (P.O. Box Number is Not Acceptable)
230 N. Beach St.

City
Daytona Beach

FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Julia Ware

(NOTE: Registered Agent signature required when reinstating)

4/15/05

DATE

**Filing 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
CAMPANY, MARJORIE
9 WOODSHIRE LANE
PALM COAST, FL 32164** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
BRAND, DENNA
303 PALM COAST PARKWAY, SUITE C
PALM COAST, FL 32137** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LATHAN, BETTY
PO BOX 755
BUNNELL, FL 32110** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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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:

Marjorie Campany

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-08-05

Date

Daytime Phone #