


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90072 006 \*\*\*\*70.00

<b>DOCUMENT # N00000005488</b>	
1. Entity Name HERNANDO COUNTY SCHOOL READINESS COALITION, INC.	

Principal Place of Business 20162 CORTEZ BLVD BROOKSVILLE, FL 34601 US	Mailing Address 20162 CORTEZ BLVD BROOKSVILLE, FL 34601 US
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2. Principal Place of Business 20154 CORTEZ BLVD Suite, Apt. #, etc.	3. Mailing Address 20154 CORTEZ BLVD. Suite, Apt. #, etc.
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03052004 Chg-NP CR2E037 (10/03)

City & State BROOKSVILLE, FL	City & State BROOKSVILLE, FL
Zip 34601	Country HERNANDO
Zip 34601	Country HERNANDO

4. FEI Number 59-3681001	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FULLER, JO ANN 20162 CORTER BLVD BROOKSVILLE, FL 34601
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7. Name and Address of New Registered Agent Name: FULLER, JO-ANN KAY Street Address (P.O. Box Number is Not Acceptable) 20154 CORTEZ BLVD. City: BROOKSVILLE FL Zip Code: 34601
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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
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BEDELL, DORIS J 5196 HOPE LANE SPRING HILL, FL 34606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROOKS, JOYCE 5454 SANDRA DRIVE SPRING HILL, FL 34607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EVERETT, JUDITH J 900 EMERSON ROAD BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOY, LINDA 1601 NE 25TH AVENUE OCALA, FL 34470 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HAMMOND, LISA M. 11200 WOODLAND WATERS BLVD. SPRING HILL, FL 34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUNT, VALEAIE O. 4040 COMMERCIAL WAY SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RENCZKOWSKI, BARBARA J. 719 BROAD STREET BROOKSVILLE, FL 34601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVERETT, JUDITH 900 EMERSON ROAD BROOKSVILLE, FL 34601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: 	3-31-04	352-797-9141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #