

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90413 039 ****70.00

DOCUMENT # N00000007062					
1. Entity Name ORANGE COUNTY SCHOOL READINESS COALITION, INC.					
Principal Place of Business 1940 TRAYLOR BLVD. ORLANDO, FL 32804			Mailing Address P.O. BOX 540387 ORLANDO, FL 32854-0387		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 31-1759186	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILLIS KAREN 1940 TRAYLOR BLVD ORLANDO, FL 32804				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE C	NAME MORRISON, RICHARD CHAIR		TITLE	NAME	
STREET ADDRESS 2400 BEDFORD RD. 4TH FLOOR	CITY-ST-ZIP ORLANDO, FL 32803		STREET ADDRESS	CITY-ST-ZIP	
TITLE B <i>Secretary</i>	NAME WITSELL, TYRA <i>VICE CH SECRETARY</i>		TITLE	NAME	
STREET ADDRESS 2002-A EAST MICHIGAN ST.	CITY-ST-ZIP ORLANDO, FL 32806		STREET ADDRESS	CITY-ST-ZIP	
TITLE T	NAME WHEELER, ROBERT C		TITLE	NAME	
STREET ADDRESS 1800 MERCY DRIVE SUITE 100	CITY-ST-ZIP ORLANDO, FL 32808		STREET ADDRESS	CITY-ST-ZIP	
TITLE S	NAME WILKINS, ILENE SEC		TITLE	NAME	
STREET ADDRESS 3305 S. ORANGE AVE.	CITY-ST-ZIP ORLANDO, FL 32806		STREET ADDRESS	CITY-ST-ZIP	
TITLE CEO	NAME WILLIS, KAREN		TITLE	NAME	
STREET ADDRESS 1940 TRAYLOR BLVD	CITY-ST-ZIP ORLANDO, FL 32804		STREET ADDRESS	CITY-ST-ZIP	
TITLE MR.	NAME BILLERBECK, HAL COO		TITLE	NAME	
STREET ADDRESS PO BOX 540387	CITY-ST-ZIP ORLANDO, FL 328540387		STREET ADDRESS	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Karen Willis</i> <i>4/22/08</i> <i>4078416607x106</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					