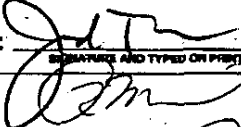
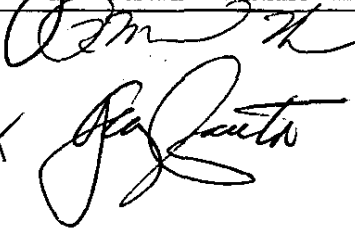


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

04-29-2004 90274 050 ****70.00

DOCUMENT # N00000007861			
1. Entity Name OKEECHOBEE COUNTY SCHOOL READINESS COALITION, INC.		Principal Place of Business 1728 NW 9TH AVE OKEECHOBEE, FL 34974	
Mailing Address PO BOX OKEECHOBEE, FL 34974		66427594	
2. Principal Place of Business		3. Mailing Address PO Box 1879	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Okeechobee FL		4. FEI Number 65-1097722	
Zip 34973		Country	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TUCKER, JODI 1728 NW 9TH ST OKEECHOBEE, FL 34973		7. Name and Address of New Registered Agent	
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 _____ 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SMITH, G SAMUEL 2229 NW NINTH AVE OKEECHOBEE, FL 34972 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HURLEY, MARY 700 SW 2ND AVE OKEECHOBEE, FL 34974 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CARLTON, GAY 604 S.W-14TH STREET OKEECHOBEE, FL 34974 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PERRY, SANDY 1848 HWY 44 N OKEECHOBEE, FL 34972 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Jodi Tucker 2455 Center St Okeechobee, FL 34974 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  Jodi Tucker		Date: 4/27/04 863 462-5792	
SIGNATURE:  Mike Hill		Date: 6/1/04	