2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N00000007931

Entity Name: ESCAMBIA COUNTY SCHOOL READINESS COALITION, INC.

Current Principal Place of Business:

3636-D NORTH
SUITE A
PENSACOLA, FL 32505 US

New Principal Place of Business:

Current Mailing Address:

3636-D NORTH
SUITE A
PENSACOLA, FL 32505 US

New Mailing Address:

FEI Number: 59-3683227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARMAR, MERI
6120 ENTERPRISE DRIVE
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VC	( ) Delete
Name:	HALFILL, HALFHILL	
Address:	1000 COLLEGE BLVD., BLDG 14	
City-St-Zip:	PENSACOLA, FL 32504 US	
Title:	D	( ) Delete
Name:	HOUSH, KERMIT	
Address:	1304 TOUR DRIVE	
City-St-Zip:	GULF BREEZE, FL 32563 US	
Title:	D	( ) Delete
Name:	MCCOY, CARY	
Address:	PO BOX12966	
City-St-Zip:	PENSACOLA, FL 32591 US	
Title:	C	( ) Delete
Name:	ASMAR, MERI	
Address:	6120 ENTERPRISE DRIVE	
City-St-Zip:	PENSACOLA, FL 32505 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VC	(X) Change ( ) Addition
Name:	HALFILL, SUE	
Address:	1000 COLLEGE BLVD., BLDG 14	
City-St-Zip:	PENSACOLA, FL 32504 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE HUTCHERSON EXDR 04/30/2008

Electronic Signature of Signing Officer or Director — Date