

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007931

FILED
Apr 22, 2009
Secretary of State

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 (X)

Name and Address of Current Registered Agent:

ARMAR, MERI
6120 ENTERPRISE DRIVE
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

ASMAR, MERI
6120 ENTERPRISE DRIVE
PENSACOLA, FL 32505 US

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: MERI ASMAR

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VC () Delete
Name: HALFILL, SUE
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: MGRM (X) Change () Addition
Name: HOUSH, KERMIT
Address: 1304 TOUR DRIVE
City-St-Zip: GULF BREEZE, FL 32563 US

Title: MGRM (X) Change () Addition
Name: MCCOY, CARY
Address: PO BOX12966
City-St-Zip: PENSACOLA, FL 32591 US

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

E.D.

04/22/2009

Electronic Signature of Signing Officer or Director

Date