

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000008188

FILED  
Jan 31, 2006  
Secretary of State

**Entity Name:** EDUCATIONAL COALITION FOR MONROE COUNTY INC.

**Current Principal Place of Business:**

PO BOX 500460  
2000 COCO PLUM DRIVE #1101  
MARATHON, FL 33050 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 500460  
MARATHON, FL 33050 US

**New Mailing Address:**

**FEI Number:** 65-0956049

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, ROBERT K  
2975 OVERSEAS HWY  
MARATHON, FL 33050 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: ROBERT K. MILLER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: DICK, JOHN  
Address: 58346 OVERSEAS HWY  
City-St-Zip: MARATHON, FL 33050

Title: TD ( ) Delete  
Name: KIRST, DOROTHY  
Address: 2000 COCO PLUM DRIVE #1101  
City-St-Zip: MARATHON, FL 33050

Title: D ( ) Delete  
Name: MATHEWSON, DUNCAN  
Address: 21 JEWFISH AVENUE  
City-St-Zip: KEY LARGO, FL 33037

Title: SD ( ) Delete  
Name: ZIMMERMAN, ELAINE  
Address: 2110 DOLPHIN DRIVE  
City-St-Zip: MARATHON, FL 33050

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: DOROTHY KIRST

TD

01/31/2006

Electronic Signature of Signing Officer or Director

Date