


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000008188</b> 1. Entity Name <b>EDUCATIONAL COALITION FOR MONROE COUNTY INC.</b>	
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Principal Place of Business <b>1300 COCO PLUM DRIVE MARATHON, FL 33050 US</b>	Mailing Address <b>PO BOX 522480 MARATHON SHORES, FL 33052 US</b>
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**DO NOT WRITE IN THIS SPACE**



03282008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0956049</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, ROBERT K  
2975 OVERSEAS HWY  
MARATHON, FL 33050**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DICK, JOHN R 58346 OVERSEAS HWY MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIRST, DOROTHY 2000 COCO PLUM DRIVE #1101 MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEWSON, DUNCAN 21 JEWFISH AVENUE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZIMMERMAN, ELAINE 2110 DOLPHIN DRIVE MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

04/14/08-80038-013 61.25

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:**  **John R Dick Director** 3/30/08 305 289-1553  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_