2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# N01000002659

Entity Name: CITRUS COUNTY SCHOOL READINESS COALITION, INC.

Current Principal Place of Business:

1564 NORTH MEADOWCREST BLVD.
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

1564 NORTH MEADOWCREST BLVD.
C/O SONYA BOSANKO
CRYSTAL RIVER, FL 34429

New Mailing Address:

FEI Number: 59-3736503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOSANKO, SONYA
1564 NORTH MEADOWCREST BLVD.
CRYSTAL RIVER, FL 34429 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:	D	( ) Delete
Name:	BOSANKO, SONYA	
Address:	4082 W. OAKHILL ST.	
City-St-Zip:	DUNNELLON, FL 34433	
Title:	VP	( ) Delete
Name:	NAVE, PATIENCE	
Address:	40 PINE ST	
City-St-Zip:	HOMOSASSA, FL 34446	
Title:	T	( ) Delete
Name:	KOLLEY, JOHN	
Address:	23 ENCLAVE PT. SOUITH	
City-St-Zip:	HOMOSASSA, FL 34446	
Title:	S	( ) Delete
Name:	CAVE, CARROLL	
Address:	744 SINCLAIR TERRACE	
City-St-Zip:	INVERNESS, FL 34450	
Title:	D	( ) Delete
Name:	CLARK, FREDERICK G	
Address:	POST OFFICE BOX 1235	
City-St-Zip:	LECANTO, FL 34460	
Title:	D	(X) Delete
Name:	CHAPMAN, JERRY	
Address:	600 WEST LIBERTY ST	
City-St-Zip:	HERNANDO, FL 34442	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	ED	(X) Change ( ) Addition
Name:	BOSANKO, SONYA	
Address:	4082 W. OAKHILL ST.	
City-St-Zip:	DUNNELLON, FL 34433	
Title:	P	(X) Change ( ) Addition
Name:	NAVE, PATIENCE	
Address:	40 PINE ST	
City-St-Zip:	HOMOSASSA, FL 34446	
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 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 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: SONYA BOSANKO E/D 01/05/2005

Electronic Signature of Signing Officer or Director — Date