

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90476 036 ****70.00

DOCUMENT # **N01000002659**

1. Entity Name
CITRUS COUNTY SCHOOL READINESS COALITION, INC.



Principal Place of Business
**16 NE 5TH STREET
CRYSTAL RIVER FL 34429**

Mailing Address
**PO BOX 1060
CRYSTAL RIVER FL 34423**

20005213



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3736503**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILLIPS, VICKI
1007 WEST MAIN STREET
INVERNESS FL 34450**

Name **SONYA BOSANKO**
Street Address (P.O. Box Number is Not Acceptable)
16 NE 5TH STREET

City **CRYSTAL RIVER** FL Zip Code **34429**

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 *Sonya Bosanko*

DATE **01/06/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **PHILLIPS, VICKI**
STREET ADDRESS **111 W. MAIN STREET**
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **D** Change Addition
NAME **SONYA BOSANKO**
STREET ADDRESS **4082 W OAKHILL ST**
CITY-ST-ZIP **WINNELLON FL. 34433**

TITLE **VD** Delete
NAME **MAYFIELD, MARYBETH**
STREET ADDRESS **3200 -W- SOMERIGN PATH**
CITY-ST-ZIP **LECANTO FL 34461**

TITLE **VP** Change Addition
NAME **THOMAS SKINNER**
STREET ADDRESS **1515 E. SILVER SPRINGS BLVD.**
CITY-ST-ZIP **Ocala, FL 34470**

TITLE **SD** Delete
NAME **GETB, JO**
STREET ADDRESS **639 NE 1 STREET**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **T** Change Addition
NAME **PATIENCE NAVE**
STREET ADDRESS **1007 WEST MAIN ST**
CITY-ST-ZIP **INVERNESS FL. 34450**

TITLE **TD** Delete
NAME **WARDLOW, ROB**
STREET ADDRESS **450 PLEASANT GROVE ROAD**
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **S** Change Addition
NAME **CHARLOTTE EADLER**
STREET ADDRESS **125 TALMAGE AVE.**
CITY-ST-ZIP **INVERNESS, FL. 34450**

TITLE **D** Delete
NAME **CLARK, FREDERICK G**
STREET ADDRESS **POST OFFICE BOX 190**
CITY-ST-ZIP **CRYSTAL RIVER FL 34423-0190**

TITLE **P** Change Addition
NAME **FREDERICK, CLARK**
STREET ADDRESS **PO BOX 190**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34423**

TITLE **D** Delete
NAME **CLOUD, KIM**
STREET ADDRESS **285 N. HEDRICK AVENUE**
CITY-ST-ZIP **LECANTO FL 34461**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Sonya Bosanko*

DATE **01/06/03** (852) 302-4633

CR2E037 (10/02)