

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

FILED

02 FEB 26 PM 12:55

DOCUMENT # *NO1000003802*

1. Entity Name
County
Gadsden School Readiness Coalition, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>325 John Knox Rd</i> Suite, Apt. #, etc. <i>Building F-140</i> City & State <i>Tallahassee, FL</i> Zip <i>32303</i>		3. Mailing Address <i>325 John Knox Rd</i> Suite, Apt. #, etc. <i>Building F-140</i> City & State <i>Tallahassee, FL</i> Zip <i>32303</i>	
Country <i>U.S.</i>		Country <i>U.S.</i>	

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>59-3754424</i>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>Chris Duggan</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>325 John Knox Rd</i>	
<i>Building F-140</i>	
City <i>Tallahassee</i>	Zip Code <i>FL 32303</i>

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.

SIGNATURE *CL Duggan* *02/25/2002*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Executive Director</i> <i>Chris Duggan</i> <i>325 John Knox Rd Building F-140</i> <i>Tallahassee, FL 32303</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>800005073988--9</i> <i>-03/08/02--01075--021</i> <i>*****61.25 *****61.25</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Chair-Director</i> <i>Rebecca Pruitt</i> <i>1339 E. Lafayette St.</i> <i>Tallahassee, FL 32301</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice-Chair-Director</i> <i>Howard McKinnon</i> <i>P.O. Box 1799</i> <i>Quincy, FL 32353</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <i>Barbara Weaver</i> <i>512 Martin Luther King Blvd.</i> <i>Quincy, FL 32351</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> <i>Ed Feaver</i> <i>115 Byrd Road</i> <i>Quincy, FL 32351</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *CL Duggan* *02/25/2002 (850)414-6085*

CR2E037B (12/01)