

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90259 035 \*\*\*\*61.25

**DOCUMENT # N01000003802**

1. Entity Name  
**GADSDEN COUNTY SCHOOL READINESS COALITION, INC.**



Principal Place of Business

**325 JOHN KNOX ROAD  
BLDG. F-140  
TALLAHASSEE FL 32303**

Mailing Address

**325 JOHN KNOX ROAD  
BLDG. F-140  
TALLAHASSEE FL 32303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3754424**

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

**DUGGAN, CHRIS  
325 JOHN KNOX ROAD  
BLDG. F-140  
TALLAHASSEE FL 32303**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **EXD** ☐ Delete  
NAME **DUGGAN, CHRIS**  
STREET ADDRESS **325 JOHN KNOX ROAD, BLDG. F-140**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CD** ☐ Delete  
NAME **PRUETT, REBECCA**  
STREET ADDRESS **1339 E. LAFAYETTE ST**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VCD** ☐ Delete  
NAME **MCKINNON, HOWARD**  
STREET ADDRESS **POST OFFICE BOX 1799**  
CITY-ST-ZIP **QUINCY FL 32351**

TITLE **CD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **WEAVER, BARBARA**  
STREET ADDRESS **512 MARTIN LUTHER KING BLVD.**  
CITY-ST-ZIP **QUINCY FL 32351**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **FEAVER, ED**  
STREET ADDRESS **115 BYRD ROAD**  
CITY-ST-ZIP **QUINCY FL 32351**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VCD** ☐ Change ☒ Addition  
NAME **McLemore, DANNY**  
STREET ADDRESS **P.O. Box 2009**  
CITY-ST-ZIP **Quincy, FL 32351**

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:

**SIGNATURE REQUIRED**

**04/28/2003 (850) 414-6085 ext. 211**

CR2E037 (10/02)