

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004490

FILED  
Sep 13, 2002  
Secretary of State

Entity Name: BAY COUNTY SCHOOL READINESS COALITION, INC.

**Current Principal Place of Business:**

450 JENKS AVENUE  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

450 JENKS AVENUE  
PANAMA CITY, FL 32405

**New Mailing Address:**

FEI Number: 59-3727230      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALTERS, ELIZABETH J  
221 MCKENZIE AVENUE  
PANAMA CITY, FL      US

**Name and Address of New Registered Agent:**

BLACK, RENE A  
450 JENKS AVENUE  
PANAMA CITY, FL 32401      US

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: RENE A W BLACK      09/13/2002  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CLEMONS, SCOTT  
Address: P.O. BOX 228  
City-St-Zip: PANAMA CITY, FL 32402

Title: D      ( ) Delete  
Name: WALTERS, ELIZABETH J  
Address: 221 MCKENZIE AVENUE  
City-St-Zip: PANAMA CITY, FL 32405

Title: D      ( ) Delete  
Name: NOWELL, BOBBY  
Address: 450 JENKS AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: D      ( ) Delete  
Name: MADDUX, JIMMY  
Address: 1311 BALOBA AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: D      ( ) Delete  
Name: SEWELL, JERRY  
Address: 500 W. 11TH STREET  
City-St-Zip: PANAMA CITY, FL 32401

Title: D      ( ) Delete  
Name: SHOEMAKER, KIM  
Address: 5230 W. HIGHWAY 98  
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: BONNER, KEITH  
Address: 450 JENKS AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

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: KEITH BONNER      MR      09/13/2002  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date