

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004617

FILED
Sep 10, 2003
Secretary of State

Entity Name: THE HENDRY/GLADES SCHOOL READINESS COALITION, INC.

Current Principal Place of Business:

C/O UNITED WAY/SUCCESS BY 6
117 FORT THOMPSON AVE
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

C/O UNITED WAY/SUCCESS BY 6
117 FORT THOMPSON AVE
LABELLE, FL 33935

New Mailing Address:

FEI Number: 65-1136054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALDWIN, PEGGY
C/O UNITED WAY/SUCCESS BY 6
117 FORT THOMPSON AVE
LABELLE, FL 33935

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: YOUNG, RITA
Address: PO BOX 60085
City-St-Zip: FT MYERS, FL 339060085

Title: D () Delete
Name: BROWNLEE, PATRICIA
Address: PO BOX 70
City-St-Zip: LABELLE, FL 339750070

Title: D () Delete
Name: BALDWIN, PEGGY
Address: PO BOX 1980
City-St-Zip: LABELLE, FL 33975

Title: D () Delete
Name: MARGARET, WHITE
Address: P.O. BOX 2595
City-St-Zip: LABELLE, FL 33975

Title: D () Delete
Name: PATERNO, JOE
Address: 24311 WALDEN CENTER DR, STE 200
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: MIKE, RHEA B
Address: 3625 FOWLER ST
City-St-Zip: FT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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: BETH DROUIN

DIR

09/10/2003

Electronic Signature of Signing Officer or Director

Date