

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004904

FILED
Jan 26, 2005
Secretary of State

Entity Name: AREA MANAGEMENT COALITION FOR SCHOOL READINESS, INC.

Current Principal Place of Business:

29 AVENUE E
SUITE 7
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

29 AVENUE E
SUITE 7
APALACHICOLA, FL 32320

New Mailing Address:

FEI Number: 04-3696038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNORS, ROBERT
28 7TH STREET
APALACHICOLA, FL 32320 US

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: MILLER, DAVID
Address: P O BX 100
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D () Delete
Name: WILLIS, GEORGE
Address: P O BX 100
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D () Delete
Name: CLEMONS, CHERYL
Address: 1001 S RANGE ST
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: SHRESTHA, CYNTHIA
Address: 1490 W WASHINGTON ST
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: STOUTAMIRE, SUZANN
Address: P O BOX 429
City-St-Zip: BRISTOL, FL 32321

Title: D () Delete
Name: DAVIS, PAM
Address: 1170 CAPITAL CIR NE
City-St-Zip: TALL, FL 32301

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: BEVERLEY CONNORS

D

01/26/2005

Electronic Signature of Signing Officer or Director

Date