

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

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

05-01-2003 90966 044 ****61.25

DOCUMENT # N02000004904

1. Entity Name

AREA MANAGEMENT COALITION FOR SCHOOL READINESS, INC.



Principal Place of Business

~~20 7TH STREET~~ **325 John Knox Rd.**
~~APALACHICOLA FL 32320~~ **Bldg. F-140**
Tallahassee, FL
32303

Mailing Address

~~20 7TH STREET~~ **325 John Knox Rd.**
~~APALACHICOLA FL 32320~~ **Bldg. F-140**
Tallahassee, FL
32303

2. Principal Place of Business

325 John Knox Rd.

Suite, Apt. #, etc.
Bldg. F-140

City & State
Tallahassee, FL

Zip
32303

Country

3. Mailing Address

325 John Knox Rd.

Suite, Apt. #, etc.
Bldg. F-140

City & State
Tallahassee, FL

Zip
32320

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3696038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNORS, ROBERT
28 7TH STREET
APALACHICOLA FL 32320

7. Name and Address of New Registered Agent

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	D	<input type="checkbox"/> Delete
NAME	MILLER, DAVID	
STREET ADDRESS	P O BX 100	
CITY-ST-ZIP	CRAWFORDVILLE FL 32326	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIS, GEORGE	
STREET ADDRESS	P O BX 100	
CITY-ST-ZIP	CRAWFORDVILLE FL 32326	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLEMONS, CHERYL	
STREET ADDRESS	1001 S RANGE ST	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHRESTHA, CYNTHIA	
STREET ADDRESS	1490 W WASHINGTON ST	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOUTAMIRE, SUZANN	
STREET ADDRESS	P O BOX 429	
CITY-ST-ZIP	BRISTOL FL 32321	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, PAM	
STREET ADDRESS	1170 CAPITAL CIR NE	
CITY-ST-ZIP	TALL FL 32301	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Beverly Connors Director
Beverly Connors 4/30/03 850-414-6085

CR2E037 (10/02)