


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000001277	
1. Entity Name THE COALITION OF MCKAY SCHOLARSHIP SCHOOLS, INC.	

Principal Place of Business 2417-2 FLEISCHMAN RD TALLAHASSEE, FL 32309	Mailing Address 2417-2 FLEISCHMAN RD TALLAHASSEE, FL 32309
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04082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1633687	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RENNICK, ROBYN A
2417-2 FLEISCHMAN RD
TALLAHASSEE, FL 32309**

**DO NOT WRITE
IN THIS SPACE**

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: *Suzanne Doehle* *[Signature]* *[Signature]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000315116
04/19/05-80024-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RENNICK, ROBYN A 2417-2 FLEISCHMAN RD TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DETWEILER, DR ROBERT 6710 86 AVE N PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARKER, DANIELLE 1408 COUNTY RD 1 DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOUGHERTY, JAY 275 WILLIAMSON BLVD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTE, ALICE 8019 N HIMES ST STE 102 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] 4/14/05