

1. Entity Name

MARION COUNTY SCHOOL READINESS COALITION, INC.

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90098 009 ****61.25

Principal Place of Business

1401 NE 2ND STREET
OCALA FL 34470

Mailing Address

1401 NE 2ND STREET
OCALA FL 34470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3627759

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEAN, SUSAN E
230 NE 25TH AVE.
OCALA FL 34470

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JAMES, TONI	
STREET ADDRESS	PO BOX 1000	
CITY-ST-ZIP	OCALA FL 34470	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SKINNER, RUSTY	
STREET ADDRESS	2300 SE 17TH ST., STE. 1000	
CITY-ST-ZIP	OCALA FL 34471	

TITLE	STD	<input type="checkbox"/> Delete
NAME	REDDISH, PATRICIA	
STREET ADDRESS	808 SW 12TH ST.	
CITY-ST-ZIP	OCALA FL 34474	

TITLE	D	<input type="checkbox"/> Delete
NAME	BLUMENTHAL, STEVE	
STREET ADDRESS	3001 W. SILVER SPRINGS BLVD.	
CITY-ST-ZIP	OCALA FL 34475	

TITLE	D	<input type="checkbox"/> Delete
NAME	DEAN, SUSAN	
STREET ADDRESS	230 NE 25TH AVE.	
CITY-ST-ZIP	OCALA FL 34470	

TITLE	D	<input type="checkbox"/> Delete
NAME	DICKSON, STACY	
STREET ADDRESS	PO BOX 1388	
CITY-ST-ZIP	OCALA FL 34478	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shari Dlouhy	
STREET ADDRESS	PO Box 4201	
CITY-ST-ZIP	Ocala FL 34478	

TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jon Kurtz	
STREET ADDRESS	211 E. Silver Springs Blvd	
CITY-ST-ZIP	Ocala FL 34470	

TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Toni James	
STREET ADDRESS	PO Box 1000 1401 NE Second St	
CITY-ST-ZIP	Ocala FL 34470	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marion County School Readiness Coalition

CR2E037 (9/99)