

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006846

FILED
Apr 28, 2005
Secretary of State

Entity Name: MARION COUNTY SCHOOL READINESS COALITION, INC.

Current Principal Place of Business:

1320 SE 25TH LOOP
SUITE 101
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1320 SE 25TH LOOP
SUITE 101
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-3627759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, JUDY
1320 SE 25TH LOOP
SUITE 101
OCALA, FL 34471 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: JAMES, TONI
Address: PO BOX 1086
City-St-Zip: OCALA, FL 34478

Title: D () Delete
Name: SKINNER, RUSTY
Address: 2300 SE 17TH ST., STE. 1000
City-St-Zip: OCALA, FL 34471

Title: VD () Delete
Name: DODSON, DONNA
Address: 808 SW 12TH ST.
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: DLOUGHY, SHARI
Address: P O BOX 4201
City-St-Zip: OCALA, FL 34478

Title: PD () Delete
Name: JOHNSON, JUDY
Address: 1320 SE 25TH LOOP, SUITE 101
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: DICKSON, STACY
Address: PO BOX 1388
City-St-Zip: OCALA, FL 34478

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
Name:
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: JUDY JOHNSON

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date