2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004
Secretary of State

DOCUMENT# N99000007627

Entity Name: CHARLOTTE COUNTY SCHOOL READINESS COALITION, INC.

Current Principal Place of Business:

PO BOX 512535
PUNTA GORDA, FL 33951

New Principal Place of Business:

Current Mailing Address:

PO BOX 512535
PUNTA GORDA, FL 33951

New Mailing Address:

FEI Number: 65-1047991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PATERNO, JOE
24311 WALDEN CENTER SUITE 200
SWFL WORKFORCE DEVELOPMENT BOARD
BONITA SPRINGS, FL 34134 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:	PD	( ) Delete
Name:	PATERNO, JOE	
Address:	24311 WALDEN CENTER DR STE., 200	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	VD	( ) Delete
Name:	THOMAS, TISH	
Address:	PO BOX 511764	
City-St-Zip:	PUNTA GORDA, FL 33983	
Title:	SD	( ) Delete
Name:	LOWE, CAROLYN	
Address:	2100 LOVELAND BLVD	
City-St-Zip:	PORT CHARLOTTE, FL 33980	
Title:	DD	( ) Delete
Name:	RICE, RICHARD	
Address:	PO BOX 60085	
City-St-Zip:	FT MYERS, FL 33906	

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:	

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: JOE PATERNO PD 01/12/2004

Electronic Signature of Signing Officer or Director — Date