

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007627

FILED
Jan 23, 2006
Secretary of State

Entity Name: SCHOOL READINESS COALITION OF CHARLOTTE AND DESOTO COUNTIES, INC.

Current Principal Place of Business:

3028 CARING WAY
#4
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

3028 CARING WAY
#4
PORT CHARLOTTE, FL 33952

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: GOODMAN, SHARON
Address: 318 WILSON AVE
City-St-Zip: ARCADIA, FL 34266

Title: SD () Delete
Name: LOWE, CAROLYN
Address: 2100 LOVELAND BLVD
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: T () Delete
Name: TURNER, RON
Address: 34 E BALDWIN AVE
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHEIPSMEIER, ERICA
Address: PO BOX 863
City-St-Zip: BOWLING GREEN, FL 33834

Title: VD (X) Change () Addition
Name: PATERNO, JOE
Address: 24311 WALDEN CENTER SUITE 200
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD (X) Change () Addition
Name: VICTOR, MARY
Address: 1978 NE FLORIDIAN CIRCLE
City-St-Zip: ARCADIA, FL 34266

Title: T (X) Change () Addition
Name: GENTRY, DORIS
Address: 650 EAST CORNELL
City-St-Zip: AVON PARK, FL 33825

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ANNA BROOKBANK

CFO

01/23/2006

Electronic Signature of Signing Officer or Director

Date