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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004347 (0)

1. Corporation Name

EAST COAST MIGRANT HEAD START PROJECT, INC.

Principal Place of Business	Mailing Address
41 3RD STREET, S.W. WINTER HAVEN FL 33880	P.O. BOX 7289 WINTER HAVEN FL 33883

3. Date Incorporated or Qualified: 08/22/1994
4. FEI Number: 52-1020023 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LOGAN, THOMAS F PHD
41 THIRD ST., S.W.
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ______ 2/24/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☒ DELETE	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	AYERS, LINDA	1.2 NAME	Chavez, Joe
STREET ADDRESS	27 BIRDSEYE AVE	1.3 STREET ADDRESS	1435 Old Hickory Lane
CITY-ST-ZIP	CARIBOU ME 04736	1.4 CITY-ST-ZIP	~~Forest, VA 24552~~
TITLE	DV ☒ DELETE	2.1 TITLE	DV ☒ Change ☐ Addition
NAME	DOUGHERTY-ZIEGLER, DONNA	2.2 NAME	Pinkert, Charles
STREET ADDRESS	9080 E. LAKE RD	2.3 STREET ADDRESS	Seton Medical Mgmt. -- 6701 Airport Blvd
CITY-ST-ZIP	NORTH EAST PA 16428	2.4 CITY-ST-ZIP	Mobile, AL 36608
TITLE	DS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SHANNON, JO ELLEN	3.2 NAME	
STREET ADDRESS	4200 WILSON BLVD., #740	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	3.4 CITY-ST-ZIP	
TITLE	DT ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	O'BRIEN, GERALDINE	4.2 NAME	
STREET ADDRESS	4200 WILSON BLVD., #740	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Geraldine O'Brien 2-25-98 703 243 7522