

FILE NOW: FILING FEE IS \$61.25

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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90146 034 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F94000004347

1. Corporation Name  
**EAST COAST MIGRANT HEAD START PROJECT, INC.**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/22/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		52-1020023	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOGAN, THOMAS F PHD 41 THIRD ST., S.W. WINTER HAVEN FL 33880				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHAVEZ, JOE			1.2 NAME			
STREET ADDRESS	1435 OLD HICKORY LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FOREST VA 24552			1.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	Patricia Harrington Baird	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PINKERT, CHARLES			2.2 NAME	Vice President		
STREET ADDRESS	SETON MEDICAL MGMT, 6701 AIRPORT BLVD			2.3 STREET ADDRESS	510 Fifth Avenue		
CITY-ST-ZIP	MOBILE AL 36608			2.4 CITY-ST-ZIP	LaBelle, Florida 33935		
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHANNON, JO ELLEN			3.2 NAME			
STREET ADDRESS	4200 WILSON BLVD., #740			3.3 STREET ADDRESS	4245 N. Fairfax Dr., 8th Floor		
CITY-ST-ZIP	ARLINGTON VA			3.4 CITY-ST-ZIP	Arlington, VA 22203		
TITLE	DT	<input type="checkbox"/> DELETE		4.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'BRIEN, GERALDINE			4.2 NAME			
STREET ADDRESS	4200 WILSON BLVD., #740			4.3 STREET ADDRESS	4245 N. Fairfax Dr. 8th Floor		
CITY-ST-ZIP	ARLINGTON VA			4.4 CITY-ST-ZIP	Arlington, VA 22203		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: *[Signature]* 1-19-99 -  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)