2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State
09-06-2001 90274 037 ****61.25

DOCUMENT # F94000004347

1. Entity Name

EAST COAST MIGRANT HEAD START PROJECT, INC.

Principal Place of Business	Mailing Address
131 3RD STREET SW WINTER HAVEN FL 33880	P.O. BOX 7289 WINTER HAVEN FL 33883

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
131 3rd Street SW	P. O. Box 7289
Suite, Apt. #, etc. 2nd Floor	Suite, Apt. #, etc.
City & State Winter Haven, FL	City & State Winter Haven, FL
Zip / Country 33830 / USA	Zip / Country 33833-7289 / USA

4. FEI Number 52-1020023 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Glen Phillips
Street Address (P.O. Box Number is Not Acceptable): 131 Third Street SW
2nd Floor
City: Winter Haven **FL** Zip Code: 33880

8. 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: Glen D Phillips 8-23-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CHAVEZ, JOE 1435 OLD HICKORY LANE FOREST VA 24552	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President S. Kathryn Freudenberg 204 East Holly Avenue Sewell, NJ 08080	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BAIRD HARRINGTON, PATRICIA 510 5TH AVE. LABELLE FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Marcia J. Boyd 140 Allens Creek Road Rochester, NY 14618	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SHANNON, JO ELLEN 4245 N. FAIRFAX DR. 8TH FLOOR ARLINGTON VA 22203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Joni Berrios Sewell 15469 Chloe Circle Fort Myers, FL 33908	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT O'BRIEN, GERALDINE 4245 N. FAIRFAX DR. 8TH FLOOR ARLINGTON VA 22203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7/28/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #