2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State
09-19-2002 90155 009 ****61.25

DOCUMENT # F94000004347

1. Entity Name

EAST COAST MIGRANT HEAD START PROJECT, INC.

Principal Place of Business	Mailing Address
131 3RD STREET SW 2ND FLOOR WINTER HAVEN FL 33880 US	~~P.O. BOX 7289~~ ~~WINTER HAVEN FL 33883-7289~~ US

B0139342

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	131 3rd St. SW Suite, Apt. #, etc. 2nd Floor
City & State	City & State Winter Haven FL
Zip / Country	Zip 33880 / Country 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	7. Name and Address of New Registered Agent
PHILLIPS, GLEN 131 THIRD STREET SW 2ND FLOOR WINTER HAVEN FL 33880	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Glen D Phillips 8-30-02

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

After September 13, 2002, 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	P FREUDENBERG, S KATHRYN 204 EAST HOLLY AVENUE SEWELL NJ 08080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ~~BOYD, MARCIA J~~ ~~140 ALLENS CREEK ROAD~~ ~~ROCHESTER NY 14618~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SEWELL, JONI BERRIOS 15469 CHLOE CIRCLE FORT MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 15469 CHLOE CIRCLE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DI~~ ~~O'BRIEN, GERALDINE~~ ~~4245 N. FAIRFAX DR. 6TH FLOOR~~ ~~ARLINGTON VA 22203~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ~~MALCOLM BRE~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MALCOLM BRENT WILLIAMS 5974 Christopher Lane Lithonia, GA 30058-5654 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/02)

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: S. Kathryn ~~SIGNATURE REQUIRED~~ Kathryn Freudenberg 9/4/02 856 256-0536