

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004347

FILED
Apr 24, 2012
Secretary of State

Entity Name: EAST COAST MIGRANT HEAD START PROJECT, INC.

Current Principal Place of Business:

1501 LEE HIGHWAY
SUITE 208
ARLINGTON, VA 22209 US

New Principal Place of Business:

Current Mailing Address:

1501 LEE HIGHWAY
SUITE 208
ARLINGTON, VA 22209 US

New Mailing Address:

2700 WYCLIFF ROAD
SUITE 302
RALEIGH, NC 27607 US

FEI Number: 52-1020023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PRES
Name: DOWDY, PAMELA J
Address: 4901 WATERS EDGE DRIVE, SUITE 101
City-St-Zip: RALEIGH, NC 27606 US

Title: SEC
Name: STRAUSS, DAVID A
Address: 594 MANNAKEE STREET
City-St-Zip: ROCKVILLE, MD 20850 US

Title: VP
Name: CONDE, DAVID
Address: PO BOX 147002
City-St-Zip: EDGEWATER, CO 80214 US

Title: TREA
Name: BASLOE, MARSHA
Address: 230 WASHINGTON AVENUE EXT
City-St-Zip: ALBANY, NY 12203 US

Title: MEH
Name: GARZA, CIPIRANO
Address: 101 NE 19TH STREET
City-St-Zip: HOMESTEAD, FL 33030 US

Title: PC
Name: DELGADO, JAIME
Address: PO BOX 451
City-St-Zip: FORT MEADE, FL 33841 US

I hereby 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 all other like empowered.

SIGNATURE: BARBARA RICKETTS

CFO

04/24/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date