

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36626

FILED
Apr 30, 2005
Secretary of State

Entity Name: THE EARLY CHILDHOOD COUNCIL OF HILLSBOROUGH COUNTY, INC.

Current Principal Place of Business:

4210 W. BAY VILLA AVENUE
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

4210 W. BAY VILLA AVENUE
TAMPA, FL 33611 US

New Mailing Address:

FEI Number: 59-2998189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARINO, PAUL J., ESQ.
ORANGE PARK CENTER, 696 1ST AVENUE
SUITE 304
ST PETERSBURG, FL 33701 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: PD () Delete
Name: NEGRON, MARIA
Address: 10630 N. 56TH STREET, #205
City-St-Zip: TAMPA, FL 33617 US

Title: T () Delete
Name: STRICKLAND, JOYCE
Address: 11102 DESOTA ROAD
City-St-Zip: TAMPA, FL 33569

Title: S () Delete
Name: HASTINGS, SHABEL
Address: 4210 W. BAY VILLA AVENUE
City-St-Zip: TAMPA, FL 33611 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BUCY, MILDRED
Address: 4210 W BAY VILLA AVE
City-St-Zip: TAMPA, FL 33611 US

Title: T (X) Change () Addition
Name: PEAD, PATRICIA
Address: 3108 W AZEELE ST
City-St-Zip: TAMPA, FL 33609 US

Title: V (X) Change () Addition
Name: WRAY, STACY
Address: 600 U.S. 301 BLVD W, SUITE 160
City-St-Zip: BRADENTON, FL 34205 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA PEAD

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04/30/2005

Electronic Signature of Signing Officer or Director

Date