

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36626

FILED
Aug 02, 2007
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)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARINO, PAUL J., ESQ.
ORANGE PARK CENTER, 696 1ST AVENUE
SUITE 304
ST PETERSBURG, FL 33701 US

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

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

Title: V () Delete
Name: VAN PELT, GREG
Address: 10630 N 56TH STREET
City-St-Zip: TAMPA, FL 33617 US

Title: S () Delete
Name: JONES, MARIAN
Address: 4210 W BAY VILLA AVE
City-St-Zip: TAMPA, FL 33611 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SLAGG, PAMELA
Address: 4315 W. SAN PEDRO ST
City-St-Zip: TAMPA, FL 33629 US

Title: V (X) Change () Addition
Name: GILYARD, SHELTON
Address: 13301 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33612 US

Title: S (X) Change () Addition
Name: CORNELIUS, MIKE
Address: 2215 E. HENRY AVENUE
City-St-Zip: TAMPA, FL 33610 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAMELA L. SLAGG

TRES

08/02/2007

Electronic Signature of Signing Officer or Director

Date