

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006130

Entity Name: FLORIDA HEAD START ASSOCIATION, INC.**Current Principal Place of Business:**1700 N MONROE ST STE 11-148
STE 11-148
TALLAHASSEE, FL 32303**Current Mailing Address:**1700 N MONROE ST STE 11-148
TALLAHASSEE, FL 32303 US**FEI Number:** 59-3606275**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KEITH, DEAN
1700 N MONROE ST
STE 11-148
TALLAHASSEE, FL 32303 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:** KEITH DEAN

02/12/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VICE-PRESIDENT
Name JOHNSON, ALETHA
Address 920 COUNTY ROAD
City-State-Zip: LEESBURG FL 34748

Title PRESIDENT
Name SCOTT, ERIC
Address 1700 N MONROE ST STE 11-148
City-State-Zip: TALLAHASSEE FL 32303

Title SECRETARY
Name FONT, INDRA
Address 1700 N MONROE ST STE 11-148
City-State-Zip: TALLAHASSEE FL 32303

Title TREASURER
Name HENDERSON, BECKY
Address 1700 N MONROE ST STE 11-148
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name GASKIN, SHARON
Address 1700 N MONROE ST STE 11-148
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name RAND, HEIDI
Address 1700 N MONROE ST STE 11-148
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name WILLIAMS, MARY
Address 1700 N MONROE ST STE 11-148
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name KALIFEH, PHYLLIS
Address 1700 N MONROE ST STE 11-148
City-State-Zip: TALLAHASSEE FL 32303

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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: KEITH DEAN**ADMINISTRATION
OFFICER**

02/12/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LAFAILLE, BEREKIA
Address 1700 N MONROE ST STE 11-148
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name PASKINS, VICTORIA
Address 1700 N MONROE ST STE 11-148
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name BRUCE, NICOLE
Address 1700 N MONROE ST STE 11-148
City-State-Zip: TALLAHASSEE FL 32303

Title ADMINISTRATION OFFICER
Name DEAN, KEITH
Address 1700 N MONROE ST STE 11-148
City-State-Zip: TALLAHASSEE FL 32303