

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **712453** (0)

1. Corporation Name

**HEAD START CHILD DEVELOPMENT AND FAMILY SERVICES
, INC.**



Principal Place of Business

**12351 134TH AVE N
LARGO FL 34644-1811**

Mailing Address

**12351 134TH AVE N
LARGO FL 34644-1811**

3. Date Incorporated or Qualified
03/21/1967

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1173706

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FILLMORE JR WILLIAM S
12351 134TH AVE N
LARGO FL 33544-1889**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MARMARO, CONNIE**
STREET ADDRESS **5260 96TH TERR NORTH**
CITY-ST-ZIP **PINELLAS PARK, FL 00000**

TITLE **TD** ☐ DELETE
NAME **PONTICELLI, JAMES**
STREET ADDRESS **1100 CLEVELAND ST #1200**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE
NAME **ROBINSON, DEAN S.**
STREET ADDRESS **209 S. GARDEN AVE.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **VD** ☒ DELETE
NAME **MICKLO, STEPHEN**
STREET ADDRESS **140 7TH AVE., SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **SD** ☒ DELETE
NAME **ALEXANDER, MARYELLEN**
STREET ADDRESS **4140 49TH STREET, NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **VD**
4.3 STREET ADDRESS **BRITT, LOUNELL**
4.4 CITY-ST-ZIP **11351 ULMERTON ROAD SUITE 100**
LARGO, FL 34648

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **SD**
5.3 STREET ADDRESS **HERZIG, JEAN**
5.4 CITY-ST-ZIP **5301 17TH AVENUE NORTH**
ST. PETERSBURG, FL 33710

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Connie L Marmaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96
Date

813 544-5475
Daytime Phone #

CR2E037 (12/95)