REINSTATED NONPROFIT CORPORATION ANNUAL REPORT

(1)

FILE NOW: FILING FEE IS $61.25

94 MAR
1996

NONPROFIT CORPORATION ANNUAL REPORT

Recommendations For Improvement

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

FILED
97 OCT 27 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712453 (0)

1. Corporation Name
HEAD START CHILD DEVELOPMENT AND FAMILY SERVICES , INC.

Principal Place of Business	NEW ADDRESS	Mailing Address	NEW ADDRESS
12351 134TH AVE N LARGO FL 34644-1811	6698 68th Ave. N Suite D Pinellas Park FL 33781	12351 134TH AVE N LARGO FL 34644-1811	6698 68th Ave N. Suite D Pinellas Park FL 33781

3. Date Incorporated or Qualified: 03/21/1967
3a. Date of Last Report: 05/01/1995
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

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

FILLMORE JR WILLIAM S
12351 134TH AVE N
LARGO FL 33544-1899

NEW ADDRESS
6698 68th Avenue N.
SUITE D
Pinellas Park FL 33781

10. Name and Address of New Registered Agent

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 617.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mandated.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARMARO, CONNIE 5260 96TH TERR NORTH PINELLAS PARK, FL 00000	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	600002332165 ☐ Change ☐ Addition -10/29/97--01024--010 *****70.00 *****70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PONTICELLI, JAMES 1100 CLEVELAND ST #1200 CLEARWATER FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, DEAN S. 209 S. GARDEN AVE. CLEARWATER FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☒ Addition TD JOE MILLER 1801 119TH St. N. Largo, Fl 33778
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MICKLO, STEPHEN 140 7TH AVE., SOUTH ST. PETERSBURG FL	☑ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition VD BRITT, LOUNELL 11351 ULMERTON ROAD SUITE 100 LARGO, FL 34648
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALEXANDER, MARYELLEN 4140 49TH STREET, NORTH ST. PETERSBURG FL	☑ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition SD HERZIG, JEAN 5301 17TH AVENUE NORTH ST. PETERSBURG, FL 33710
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition VD 10-28-97

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 10/24/97 813 544-5475
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2EC037 (12/95)

D05B155

(2)

HEAD START

Program of Excellence

Child Development & Family Services, Inc.

WILLIAM S. FILLMORE, JR., Executive Director

6698 68TH AVENUE N. • SUITE D
PINELLAS PARK, FL 33781
PHONE (813) 547-5900 FAX (813) 547-5908

October 24, 1997

Annual Reports Filings
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

We hereby request reinstatement of our corporation. We have just been informed it was dissolved as of September 29, 1997 due to the failure to renew. We did not receive the renewal form due to the agency having moved to a different address. The new address is:

Head Start Child Development & Family Services, Inc.
6698 68th Ave. N., Suite D.
Pinellas Park, FL 33781

Enclosed is the renewal form, the check for annual fees, and the previous renewal form for 1996.

We are attempting to purchase a facility for an expanded Head Start Center with a scheduled closing date of October 30, 1997. Any assistance you can provide in expediting this process is extremely appreciated.

Sincerely,

Connie L. Marmaro

Connie L. Marmaro
Board President