

REINSTATED NONPROFIT CORPORATION ANNUAL REPORT

FILE NOW: FILING FEE IS \$61.25

1

NONPROFIT CORPORATION
 1996
 FLORIDA DEPARTMENT OF STATE
 Sandra H. Northrup
 Secretary of State
 Recommendations For Improvement
 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 Making Address NEW ADDRESS
 12351 134TH AVE N 8898 88th Ave. N 12351 134TH AVE N 8898 88th Ave N.
 LARGO FL 34644-1811 Suite D LARGO FL 34644-1811 Suite D
 Pinellas Park FL 33781 Pinellas Park FL 33781

2. Principal Place of Business 2a. Making Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 Country

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. 190.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
 FILLMORE JR WILLIAM S NEW ADDRESS
 12351 134TH AVE N 8898 88th Avenue N.
 LARGO FL 33544-1899 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 617.1606, 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 or director of corporation

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	MARMARO, CONNIE	DELETE
STREET ADDRESS	5260 96TH TERR NORTH			
CITY-ST-ZIP	PINELLAS PARK, FL 00000			
TITLE	TD	NAME	PONTICELLI, JAMES	DELETE
STREET ADDRESS	1100 CLEVELAND ST #1200			
CITY-ST-ZIP	CLEARWATER FL			
TITLE	D	NAME	ROBINSON, DEAN S.	DELETE
STREET ADDRESS	209 S. GARDEN AVE.			
CITY-ST-ZIP	CLEARWATER FL			
TITLE	VD	NAME	MICKLO, STEPHEN	DELETE
STREET ADDRESS	140 7TH AVE., SOUTH			
CITY-ST-ZIP	ST. PETERSBURG FL			
TITLE	SD	NAME	ALEXANDER, MARYELLEN	DELETE
STREET ADDRESS	4140 49TH STREET, NORTH			
CITY-ST-ZIP	ST. PETERSBURG FL			
TITLE		NAME		DELETE
STREET ADDRESS				
CITY-ST-ZIP				

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

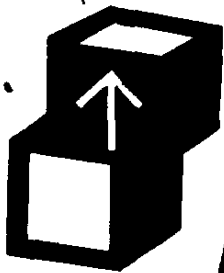
1.1 FILE 6000023320
 1.2 NAME -10/29/97--01024--010
 1.3 STREET ADDRESS *****70.00 *****70.00
 1.4 CITY-ST-ZIP

2.1 TITLE	TD	NAME	JOE MILLER	Change	Addition
2.2 NAME					
2.3 STREET ADDRESS	1801 119TH St. N. Largo, FL 33778				
2.4 CITY-ST-ZIP					
3.1 TITLE	VD	NAME	BRITT, LOUNELL	Change	Addition
3.2 NAME					
3.3 STREET ADDRESS	11351 ULMERTON ROAD SUITE 100				
3.4 CITY-ST-ZIP	LARGO, FL 34648				
4.1 TITLE	SD	NAME	HERZIG, JEAN	Change	Addition
4.2 NAME					
4.3 STREET ADDRESS	5301 17TH AVENUE NORTH				
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710				
5.1 TITLE		NAME		Change	Addition
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		NAME		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)(b), 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 SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (12/95)



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
Board President