NONPROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am § Secretary of State FILE NOW: FILING FEE IS \$61.25 FLORIDA DEPARTMENT OF STATE

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DOCU	MEN	JT #	711	245	3

1. Corporation Name

HEAD START CHILD DEVELOPMENT AND FAMILY SERVICES

Principal Place of Business 6698 68TH AVE. N.

Mailing Address 6698 68TH AVE. N.



SUITE D PINELLAS PAR	K FL 33781								
2. Principal P	al Place of Business 2a. Mailing Address 26				3. Date Incorporated or Qualifed 03/21/1967-				
	Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number 59-1173706	FEI Number		plied For t Applicable	
City & Stat	te	City & State			5. Certifcate of Status Desired		\$8.75 A		
Zip 24	Country 25	Zip 29 30	Country		Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered A	gent		
			81	Name					
FILLMORE 6698 68Th	E, WILLIAM S JR. HAVE N		82	Street Addre	ess (P.O. Box Number is Not Acceptab	ele)			
SUITE D	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		83						
PINELLAS	PARK FL 33781		84	City		FL	85 Zip (į	
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of m familiar with, and accept the obligations of the section	of Florida. Such change was authors of, Seotion 6 7.0503, Florida	orized by Statutes	the corporation	n's board of directors. I nereby accept	urpose of ch the appoints 2/15	nanging its ment as re	registered gistered	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	R\$ IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Change	Addition	
NAME	MARMARO, CONNIE		1.2 NAME	-					
STREET ADDRESS	l		1.3 STREET	ADDRESS					
CITY-ST-ZIP	PINELLAS PARK FL 33782		1.4 CITY+S	r-zip					
TITLE	TD	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition	
NAME	MILLER, JOE		2.2 NAME	Ì					
STREET ADDRESS	1801 119TH ST. N	_	2.3 STREET	ADDRESS		ستتمنين			
CITY-ST-ZIP	LARGO FL 33778		2. 4 CITY-S	T-ZIP					
TITLE	D	XX DELETE	3.1 TITLE		•		☐ Change	☐ Addition	
NAME	ROBINSON, DEAN S		3.2 NAME	-					
STREET ADDRESS	209 S. GARDEN AVE.		3.3 STREET	ADDRESS					
City-st-zip	CLEARWATER FL 33756		3.4. CITY-S	T-ZIP					
TITLE	VD	☐ DEFELE	4.1 TITLE	Ì			Change	☐ Addition	
NAME	BRITT, LOUNELL		4. 2 NAME					1	
STREET ADDRESS	,		4.3 STREET	ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL 33702		4.4 CITY-S	T-ZIP					
TILE	SD	☐ DELETE	5.1 TITLE	ĺ			Change	☐ Addition	
NAME	HERZIG, JEAN		5.2 NAME						
STREET ADDRESS	***		5.3 STREET					}	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	(T) per ete	5.4 CITY-ST 6.1 TITLE	1-UP			Chassa	☐ Addition	
TITLE		☐ DELETE					Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADURESS					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

727 544 5475