


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # 712453	
1. Entity Name HEAD START CHILD DEVELOPMENT AND FAMILY SERVICES, INC.	

Principal Place of Business 6698 68TH AVE. N. SUITE D PINELLAS PARK, FL 33781	Mailing Address 6698 68TH AVE. N. SUITE D PINELLAS PARK, FL 33781
---	---



05102004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1173706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HEINZEN, M. JUANITA 6698 68TH AVE. N. SUITE D PINELLAS PARK, FL 33781

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000160538 05/17/04-80002-017 70.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARMARO, CONNIE 5260 96TH TERR. N. PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MILLER, JOE 1801 119TH ST. N LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BRITT, LOUNELL 701 94TH AVENUE NORTH ST. PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HERZIG, JEAN 5301 17TH AVE N ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Jean Herzig</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>May 13, 2004</u> <small>Date</small>	<small>Daytime Phone #</small>
---	--	--------------------------------