## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # 712453 . . .

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

Principal Place of Business

6698 68TH AVE. N.

SUITE D

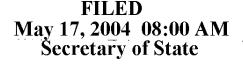
PINELLAS PARK, FL 33781

Mailing Address

6698 68TH AVE. N.

SUITE D

PINELLAS PARK, FL 33781





05102004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-1173706 Applied For Not Applicable

5. Certificate of Status Desired

\$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 INTHIS SPACE

	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or r	egistered agent, or bot	h, in the State of Florida. I am fa	miliar with, and	i accept
SIGNATURE.							
	Signature, typed or prioted name of registronid agent and to	ie i applicable. (NOTE: Registore	d Agent signature	a required when reinstalings	DATE		
D	Filing Fee is \$61.25 ue by September 8, 2004	Election Campaign Final Trust Fund Contribution.			U00000160538 717704-80002-017		-
10.	OFFICERS AND DIR	ECTORS	';				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PD MARMARO, CONNIE 5260 96TH TERR. N. PINELLAS PARK, FL 33782						
TUBLE NAME STREET ADDRESS	TD MILLER, JOE 1801 119TH ST. N						

CITY-ST-ZIP LARGO, FL 33778 TITLE BRITT, LOUNELL STREET ADDRESS 701 94TH AVENUE NORTH DO NOT WRITE CITY-ST-ZIP ST. PETERSBURG, FL 33702 IN THIS SPACE MI F HERZIG, JEAN STREET ADORESS 5301 17TH AVE N CRY-ST-ZIP ST. PETERSBURG, FL 33710 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MASSE STREET ADDRESS CRY-ST-ZP

12. 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 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 517, 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.