


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 29, 2005 8:00 am**  
**Secretary of State**

06-29-2005 90004 008 \*\*\*\*70.00

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

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

DO NOT WRITE IN THIS SPACE



06162005 No Chg-NP CR2E037 (10/03)

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
-----------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARMARO, CONNIE 5280 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)(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 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:** *Connie L. Marmaro* **CONNIE L. MARMARO** 6/16/05 (727) 644-5475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #