
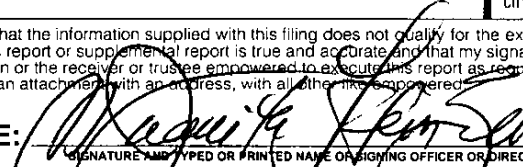


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90011 017 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HEINZEN, M. JUANITA 6698 68TH AVE. N. SUITE D PINELLAS PARK, FL 33781			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARMARO, CONNIE 5260 96TH TERR. N. PINELLAS PARK, FL 33782	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, JOE 1801 119TH ST. N LARGO, FL 33778	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRITT, LOUNELL 701 94TH AVENUE NORTH ST. PETERSBURG, FL 33702	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERZIG, JEAN 5301 17TH AVE N ST. PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Delores Atkinson 760 William Booth Way N. St. Petersburg, FL 33713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <div style="font-size: 2em; font-family: cursive;">102143</div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <div style="font-size: 2em; font-family: cursive;">5-17-07</div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 information required.					
SIGNATURE:  <div style="float: right; text-align: right;"> Date: _____ Daytime Phone #: _____ </div>					