

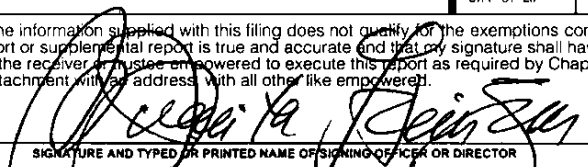


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2008 8:00 am**  
**Secretary of State**

07-31-2008 90044 019 \*\*\*\*61.25

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # 712453</b><br>1. Entity Name<br><b>HEAD START CHILD DEVELOPMENT AND FAMILY SERVICES, INC.</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>6698 68TH AVE. N.<br/>SUITE D<br/>PINELLAS PARK, FL 33781</b>  |   |   | Mailing Address<br><b>6698 68TH AVE. N.<br/>SUITE D<br/>PINELLAS PARK, FL 33781</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>2210 Tall Pines Dr</b>  |   | 3. Mailing Address<br><b>2210 Tall Pines Dr</b>                                     |  | <br><br>07052008    Chg-NP    CR2E037 (12/06)                  |  |
| Suite, Apt. #, etc.<br><b>Suite 210</b>  |   | Suite, Apt. #, etc.<br><b>Suite 210</b>   |  |  |  |
| City & State<br><b>Largo, FL</b>   |   | City & State<br><b>Largo, FL</b>  |  |  |  |
| Zip                      Country<br><b>33771                      U.S.</b>   |   | Zip                      Country<br><b>33771                      U.S.</b>          |  |  |  |
| 4. FEI Number<br><b>59-1173706</b>   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |   |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HEINZEN, M. JUANITA<br/><del>6698 68TH AVE. N.</del><br/><del>SUITE D</del><br/><del>PINELLAS PARK, FL 33781</del></b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| <b>2210 Tall Pines Dr<br/>Suite 200<br/>Largo, FL 33771</b>  |   |   |  |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by September 12, 2008</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
|  |   | <b>Make check payable to<br/>Florida Department of State</b>                        |  |  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>MARMARO, CONNIE<br>5260 96TH TERR. N.<br>PINELLAS PARK, FL 33782 <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>Navarro-Mylin, Louise<br>80 Sylvia Place<br>Oldsmar, FL 34677 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>MILLER, JOE<br><del>1801 110TH ST. N.</del> 13420 Adams Cir, #291<br><del>LARGO, FL 33778</del> Largo, FL 33744 <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>BRITT, LOUNELL<br>701 94TH AVENUE NORTH<br>ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>ATKINSON, DELORES<br>760 WILLIAM BOOTH WAY N.<br>SAINT PETERSBURG, FL 33713 <input checked="" type="checkbox"/> Delete                          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <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 like empowers. |   |   |  |  |  |
| <b>SIGNATURE:</b>  <b>7-22-08</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>   |   |   |  |  |  |