

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712453

FILED
May 13, 2009
Secretary of State

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

Current Principal Place of Business:

2210 TALL PINES DR
SUITE 210
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

2210 TALL PINES DR
SUITE 210
LARGO, FL 33771

New Mailing Address:

FEI Number: 59-1173706 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HEINZEN, M. JUANITA
2210 TALL PINES DR
SUITE 200
LARGO, FL 33771 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARMARO, CONNIE
Address: 5260 96TH TERR. N.
City-St-Zip: PINELLAS PARK, FL 33782

Title: TD () Delete
Name: MILLER, JOE
Address: 13420 ADAMS CIR #291
City-St-Zip: LARGO, FL 33744

Title: VD () Delete
Name: BRITT, LOUNELL
Address: 701 94TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: SD () Delete
Name: NAVARRO-MYLIN, LOUISE
Address: 80 SYLVIA PLACE
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY F. WILLIAMS

ASD

05/13/2009

Electronic Signature of Signing Officer or Director

Date