2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#738044

FILED Jan 21, 2009 Secretary of State

Entity Name: OKALOOSA COUNTY COMPREHENSIVE HEAD START CHILD DEVELOPMENT, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	ND STREET				
SUITE 40 [.] SHALIMAI	1 R, FL 325791764 US				
Current N	lailing Address:		New Mailing Addre	ess:	
0 SECO	ND STREET				
SUITE 40 [.] SHALIMAI	1 R, FL 325791764 US				
El Number	: 59-1725820 FEI N	umber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
lame and	d Address of Current	Registered Agent:	Name and Address	of New Registered Agent:	
	WAYNE DRIVE NW ALTON BEACH, FL 32	548 US			
	e named entity submits e of Florida.	this statement for the	purpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
	Electronic Sign	ature of Registered Ag	jent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
itle: lame: ddress: city-St-Zip:	O () Delete BLAKELY, ARTHUR L 706 N. PALM BLVD. NICEVILLE, FL 32578		Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame:	D () Delete FARLEY, ARDEN 120 LOWERY PLACE S FORT WALTON BEACH		Title: Name: Address: City-St-Zip:	() Change () Addition	
			- · · · · · · · · · · · · · · · · · · ·		
city-St-Zip: itle: lame: address:	D () Delete KENDRICK-CORSENTIN 1114 SANTA ROSA BLV FORT WALTON BEACH	D.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Address: City-St-Zip: Title: Jame: Address: City-St-Zip: Title: Jame: Address: City-St-Zip: Address: City-St-Zip:	D () Delete KENDRICK-CORSENTIN 1114 SANTA ROSA BLV	D. , FL 32548	Title: Name: Address:	() Change () Addition () Change () Addition	
City-St-Zip: City-St-Zip: Address: City-St-Zip: Citle: Jame: Address:	D () Delete KENDRICK-CORSENTIN 1114 SANTA ROSA BLV FORT WALTON BEACH O () Delete JACKSON, RUBY 206 SEVILLE CIRCLE	D. , FL 32548	Title: Name: Address: City-St-Zip: Title: Name: Address:	., .	

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: ARTHUR BLAKLEY MR 01/21/2009