

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F94000004347

FILED  
Nov 03, 2009  
Secretary of State

**Entity Name:** EAST COAST MIGRANT HEAD START PROJECT, INC.

**Current Principal Place of Business:**

3700 DMG DRIVE  
LAKELAND, FL 33811 US

**New Principal Place of Business:**

**Current Mailing Address:**

3700 DMG DRIVE  
LAKELAND, FL 33811 US

**New Mailing Address:**

2700 WYCLIFF ROAD  
SUITE 302  
RALEIGH, NC 27607 US

**FEI Number:** 52-1020023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
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:**

FINNEGAN, JAMES  
3700 DMG DRIVE  
LAKELAND, FL 33811 US

**Name and Address of New Registered Agent:**

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: JAMES FINNEGAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: JANE, MARTIN S PH.D.  
Address: 2027 STONE BROOK DR.  
City-St-Zip: BIRMINGHAM, AL 35242 US

Title: SEC. ( ) Delete  
Name: PAMELA, DOWDY J  
Address: 1121 SITUS COURT - STE. 250  
City-St-Zip: RALEIGH, NC 27606 US

Title: VP ( ) Delete  
Name: VILLA, JOSE S PH.D.  
Address: 1136 BROOKSIDE DRIVE  
City-St-Zip: NEWARK, OH 43055 US

Title: TREA ( ) Delete  
Name: IDA, BAKER M  
Address: 110 HACKAMORE LANE  
City-St-Zip: WARNER ROBBINS, GA 31088 US

Title: MEH ( ) Delete  
Name: KATHRYN, FREUDENBERG S  
Address: 35 PELHAM DR.  
City-St-Zip: MANTUA, NJ 08051 US

Title: PC ( ) Delete  
Name: DIAZ, NORMA  
Address: 6165 HIGHWAY 43 NORTH  
City-St-Zip: FALKLAND, NC 27827 US

**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:

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: BARBARA RICKETTS

CFO

11/03/2009

Electronic Signature of Signing Officer or Director

Date