

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14245

FILED
Jan 03, 2005
Secretary of State

Entity Name: REGION IV HEAD START ASSOCIATION, INC.

Current Principal Place of Business:

615 S. HILL STREET
ROOM 17
BUFORD, GA 30518

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 409
BUFORD, GA 305150409

New Mailing Address:

P.O. BOX 409
BUFORD, GA 305150409 US

FEI Number: 61-1130751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, WILLIAM P
1331 W. CASS STREET
SUITE A
TAMPA, FL 33606 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: GRAHAM, JUDY
Address: 170 SMITH LANE
City-St-Zip: SOUTH PITTSBURG, TN 37380

Title: DT () Delete
Name: FOLSOM, TOM
Address: 1200 ARLINGTON STREET
City-St-Zip: GREENSBORO, NC 27406

Title: DS () Delete
Name: CUMMINGS, MADINE
Address: 1261 GREENE STREET
City-St-Zip: AUGUSTA, GA 30901

Title: DAS () Delete
Name: MILLER, LINNIE
Address: 138 SO. OAKLAND AVE
City-St-Zip: ROCK HILL, SC 29730

Title: DVP () Delete
Name: NELSON, ARTHUR
Address: 107 LAFAYETTE STREET
City-St-Zip: HAYNEVILLE, AL 36040

Title: DP () Delete
Name: MOORE, ARVERN DR.
Address: 160 WEST VALLEY AVE.
City-St-Zip: HOLLY SPRINGS, MS 38695

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 for the exemption stated in Section 119.07(3)(i), 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: JOHN L. LOWERY

E.O.

01/03/2005

Electronic Signature of Signing Officer or Director

Date