## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N14245

FILED Jan 04, 2006 Secretary of State

Entity Name: REGION IV HEAD START ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

615 S. HILL STREET **ROOM 17** BUFORD, GA 30518

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

MURPHY, WILLIAM P 1331 W. ĆASS STREET SUITE A TAMPA, FL 33606 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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DVP () Delete (X) Change ( ) Addition GRAHAM, JUDY NELSON, ARTHUR Name: Name: 170 SMITH LANE 107 LAFAYETTE STREET Address: Address:

City-St-Zip: SOUTH PITTSBURG, TN 37380 City-St-Zip: HAYNEVILLE, AL 36040

DVP Title: DT () Delete Title: (X) Change ( ) Addition

FOLSOM, TOM Name: GRAHAM, JUDY Name: Address: 1200 ARLINGTON STREET Address: 170 SMITH LANE

City-St-Zip: GREENSBORO, NC 27406 City-St-Zip: SOUTH PITTSBURG, TN 37380

Title: DS () Delete Title: DVP (X) Change ( ) Addition

CUMMINGS, MADINE MILLER, LINNIE Name: Name: 138 SOUTH OAKLAND AVENUE 1261 GREENE STREET Address:

Address:

City-St-Zip: AUGUSTA, GA 30901 City-St-Zip: ROCK HILL, SC 29731

Title: DAS ( ) Delete Title: DS (X) Change ( ) Addition

MILLER, LINNIE Name: Name: GRANT, PEGGY 1800 WEST FOURTH STREET Address: 138 SO. OAKLAND AVE Address:

City-St-Zip: ROCK HILL, SC 29730 City-St-Zip: OWENSBORO, KY 423040004

Title: DVP () Delete Title: DAS (X) Change ( ) Addition NELSON, ARTHUR Name: Name: FOSTER, NANCY

107 LAFAYETTE STREET 708 N. MAIN STREET Address: Address: City-St-Zip: HAYNEVILLE, AL 36040 City-St-Zip: CLINTON, TN 37716

Title: () Delete Title: (X) Change ( ) Addition

MOORE, ARVERN DR. FOLSOM, TOM Name: Name: Address: 160 WEST VALLEY AVE. Address: 1200 ARLINGTON STREET GREENSBORO, NC 27406 HOLLY SPRINGS, MS 38695 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN L LOWERY EO 01/04/2006