

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14245

FILED  
Sep 11, 2007  
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 US

**New Mailing Address:**

**FEI Number:** 61-1130751      **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:**

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

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

Title: DVP      ( ) Delete  
Name: MILLER, LINNIE  
Address: 138 SOUTH OAKLAND AVENUE  
City-St-Zip: ROCK HILL, SC 29731

Title: DS      ( ) Delete  
Name: GRANT, PEGGY  
Address: 1800 WEST FOURTH STREET  
City-St-Zip: OWENSBORO, KY 423040004

Title: DAS      ( ) Delete  
Name: FOSTER, NANCY  
Address: 708 N. MAIN STREET  
City-St-Zip: CLINTON, TN 37716

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

**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: DT      (X) Change ( ) Addition  
Name: NEELY, CALVIN  
Address: P O BOX 749  
City-St-Zip: WINONA, MS 38967

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: MYRA INGRAM

EO

09/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date