

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N36626** (2)
1. Corporation Name
**THE EARLY CHILDHOOD COUNCIL OF HILLSBOROUGH COUN
TY, INC.**

APPROVED AND FILED
MAY 11 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2704 N. HIGHLAND AVE TAMPA FL 33602 US

2704 N HIGHLAND AVE TAMPA FL 33602 US

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc 26 Suite, Apt. #, etc

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 02/14/1990 3a. Date of Last Report 04/11/1994

4. FEI Number 59-2998189 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

MARINO, PAUL J., ESQ.
4809A EHRICH ROAD
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when completing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASELLA, DONNA FMHI	1.2 NAME	
STREET ADDRESS	13301 BRUCE B DOWNS	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ANDREA	2.2 NAME	
STREET ADDRESS	4000 WML KING BLVD. #159	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLMAN, KATHRYN M	3.2 NAME	TD Buly, Millie
STREET ADDRESS	2704 N HIGHLAND AVE	3.3 STREET ADDRESS	6906 West Thonotosassa Road
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	Plant City FL
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, MARIANNE U	4.2 NAME	SD TUCKER, MARIANNE
STREET ADDRESS	2410 E HENRY AVE	4.3 STREET ADDRESS	2410 E. HENRY AVE
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	TAMPA, FL
TITLE	SD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ANDREA	5.2 NAME	VD PAM JONES
STREET ADDRESS	4000 WEST M.L.K. BLVD.	5.3 STREET ADDRESS	4000 WEST M.L.K. BLVD
CITY - ST - ZIP	TAMPA FL	5.4 CITY - ST - ZIP	Tampa, FL
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Millie Buly 5-03-95 813-974-4612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (System Place #)