

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N36626 (2)

1. Corporation Name
THE EARLY CHILDHOOD COUNCIL OF HILLSBOROUGH COUNTY, INC.



Principal Place of Business
**2704 N. HIGHLAND AVE
TAMPA FL 33602
US**

Mailing Address
**2704 N HIGHLAND AVE
TAMPA FL 33602
US**

3. Date Incorporated or Qualified
02/14/1990

3a. Date of Last Report
05/11/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2998189	Applied For Not Applicable
21	26	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
City & State	City & State		
23	28		
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent

**MARINO, PAUL J., ESQ.
4809A EHRlich 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASELLA, DONNA FMHI		1.2 NAME Smith, ANDREA	
STREET ADDRESS 13301 BRUCE B DOWNS		1.3 STREET ADDRESS 4000 W. MLKING BLVD. #159	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP TAMPA, FL	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, ANDREA		2.2 NAME JONES, Pam	
STREET ADDRESS 4000 WML KING BLVD. #159		2.3 STREET ADDRESS 4000 W. MLK Blvd.	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP TAMPA, FL	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BULY, MILLIE		3.2 NAME	
STREET ADDRESS 6908 WEST THONOTOSASSA RD		3.3 STREET ADDRESS	
CITY-ST-ZIP PLANT CITY FL		3.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TUCKER, MARIANNE U		4.2 NAME BILL DAVIS	
STREET ADDRESS 2410 E HENRY AVE		4.3 STREET ADDRESS ONE DAVIS BLVD # 210	
CITY-ST-ZIP TAMPA FL		4.4 CITY-ST-ZIP TAMPA, FL	
TITLE VD	<input type="checkbox"/> DELETE	5.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, PAM		5.2 NAME MARIANNE TUCKER	
STREET ADDRESS 4000 WEST M.L.K. BLVD.		5.3 STREET ADDRESS 2410 E HENRY AVE	
CITY-ST-ZIP TAMPA FL		5.4 CITY-ST-ZIP TAMPA, FL	
TITLE	<input type="checkbox"/> DELETE	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 119.07(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 Bucy Date: 4-17-96 Daytime Phone #: 813-986-3362

CR2E037 (12/95)