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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
2704 N. HIGHLAND AVE TAMPA FL 33602 US
2704 N HIGHLAND AVE TAMPA FL 33602-1416 US

3. Date Incorporated or Qualified 02/14/1990
3a. Date of Last Report 04/29/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 25 29 30

9. Name and Address of Current Registered Agent
MARINO, PAUL J., ESQ.
4809A ENRICH ROAD
TAMPA FL 33624

10. Name and Address of New Registered Agent
81 Name MARINO, PAUL J., ESQ
82 Street Address (P.O. Box Number is Not Acceptable) ORANGE PARK CENTER 696 FIRST AVENUE
83 SUITE 304
84 City ST. PETERSBURG FL 85 Zip Code 33701

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, ANDREA 4000 W ML KING BLVD. #159 TAMPA FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Chairman SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Skoglund, Karen D. 16013 Hampton Village Dr. Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, PAM 4000 W ML KING BLVD TAMPA FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice Chairman VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Martin, Jeanine 1105 E. Kennedy Blvd Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BULY, MILLIE 6906 WEST THONOTOSASSA RD PLANT CITY FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Treasurer TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Elizabeth B. Drake 4210 Bay Villa Avenue Tampa, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, BILL ONE DAVIS BLVD, #210 TAMPA FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Secretary SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joyce James 7406 N. Dixon Tampa, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TUCKER, MARIANNE 2410 E HENRY AVE TAMPA FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Karen D Skoglund* Karen D Skoglund 4/1/97 (813) 968-4975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047033

CR2E037 (9/96)