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**Apr 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/14/1990		
4. FEI Number 59-2998189	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**MARINO, PAUL J., ESQ.
ORANGE PARK CENTER, 696 1ST AVENUE
SUITE 304
ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

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

FL

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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SKOGLUND, KAREN D	
STREET ADDRESS	16013 HAMPTON VILLAGE DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARTIN, JEANINE	
STREET ADDRESS	1105 E KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DRAKE, ELIZABETH B	
STREET ADDRESS	4210 BAY VILLA AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JAMES, JOYCE	
STREET ADDRESS	7406 N DIXON	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TUCKER, MARIANNE	
STREET ADDRESS	2410 E HENRY AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Marion Jones	
1.3 STREET ADDRESS	110 Hunter Road	
1.4 CITY-ST-ZIP	Valrico FL 33584	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jeanine Martin	
2.3 STREET ADDRESS	601 E Kennedy Blvd	
2.4 CITY-ST-ZIP	Tampa, FL 33602	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Elizabeth B. Drake	
3.3 STREET ADDRESS	6213 E. Hillsborough Ave.	
3.4 CITY-ST-ZIP	Tampa, FL 33610	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jill Jones	
4.3 STREET ADDRESS	8412 N 13th Street	
4.4 CITY-ST-ZIP	Tampa, FL 33604	
5.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Karen Skoglund	
5.3 STREET ADDRESS	16013 Hampton Village Dr	
5.4 CITY-ST-ZIP	Tampa, FL 33624	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Elizabeth B. Drake* 4/8/98 813-744-6740

CR2E037 (10/97)