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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36626

1. Corporation Name
**THE EARLY CHILDHOOD COUNCIL OF HILLSBOROUGH COUN
 TY, 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/14/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2998189
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARINO, PAUL J., ESQ. ORANGE PARK CENTER, 696 1ST AVENUE SUITE 304 ST PETERSBURG FL 33701				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SKOGLUND, KAREN D		1.2 NAME	JILL M JONES			
STREET ADDRESS	16013 HAMPTON VILLAGE DR		1.3 STREET ADDRESS	4209 N 14TH ST B			
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY-ST-ZIP	TAMPA FL 33603-4415			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARTIN, JEANINE		2.2 NAME	SHEILA ZENDEBUI			
STREET ADDRESS	601 E KENNEDY BLVD		2.3 STREET ADDRESS	2901 POINTER PLACE			
CITY-ST-ZIP	TAMPA FL 33602		2.4 CITY-ST-ZIP	SEFFNER FL 33584			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DRAKE, ELIZABETH B		3.2 NAME	MARY ANN BUETENS			
STREET ADDRESS	6213 E HILLSBOROUGH AVE		3.3 STREET ADDRESS	9416 ALANBROOK ST			
CITY-ST-ZIP	TAMPA FL 33610		3.4 CITY-ST-ZIP	TAMPA FL 33637-4959			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JAMES, JOYCE		4.2 NAME	CAROL REED			
STREET ADDRESS	7406 N DIXON		4.3 STREET ADDRESS	3418 CADE LANE			
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	VALRICO FL 33584			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	TR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TUCKER, MARIANNE		5.2 NAME	MARIAN JONES			
STREET ADDRESS	2410 E HENRY AVE		5.3 STREET ADDRESS	1920 BALLAGHER ROAD			
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	DOVER FL 33527-5930			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JONES, MARION		6.2 NAME				
STREET ADDRESS	110 HUNTER RD		6.3 STREET ADDRESS				
CITY-ST-ZIP	VALRICO FL 33584		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, with all other like empowered.

SIGNATURE: JILL M JONES DATE: 4/8/99 DAYTIME PHONE: 813-975-2089

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