2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36626

FILED Apr 28, 2006 Secretary of State

Entity Name: THE EARLY CHILDHOOD COUNCIL OF HILLSBOROUGH COUNTY. INC

Littly Nai	ine. THE EAT	RET CHIEDHOOD COONCIL	OF HILLSBOROUGH	COONTT, II	VC.	
Current P	rincipal Plac	e of Business:	New Principal Place of Business:			
4210 W. B. TAMPA, FI	AY VILLA AVE L 33611 U	ENUE S				
Current Mailing Address:			New Mailing Address:			
4210 W. B. TAMPA, FI	AY VILLA AVE L 33611 U	_				
FEI Number:	: 59-2998189	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of S	tatus Desired ()
Name and	Address of	Current Registered Agent:	Name and	Address o	of New Registere	ed Agent:
SUITE 304 ST PETER The above	I RSBURG, FL	ER, 696 1ST AVENUE 33701 US submits this statement for the	e purpose of changing i	its registere	d office or registe	red agent, or both,
SIGNATUR	RE:					
Electronic Signature of Registered Ac			gent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P (BUCY, MILDR 4210 W BAY \ TAMPA, FL 33	/ILLA AVE	Title: Name: Address: City-St-Zip:		() Change () Addi	tion
Title: Name: Address: City-St-Zip:	T (PEAD, PATRIO 3108 W AZEE TAMPA, FL 33	LE ST	Title: Name: Address: City-St-Zip:		() Change () Addi	tion
Title: Name: Address: City-St-Zip:	WRAY, STAC' 600 U.S. 301 I) Delete Y BLVD W, SUITE 160 FL 34205 US	Title: Name: Address: City-St-Zip:	V VAN PELT, 10630 N 56 TAMPA, FL	TH STREET	ition
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	S JONES, MA 4210 W BA TAMPA, FL	()Change(X) Add RIAN Y VILLA AVE	ition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA D PEAD T 04/28/2006