

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213554273

1.) CORPORATION NAME:

THE EAST COAST MIGRANT HEAD START PROJECT

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **02221174**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1501 LEE HWY STE 208

CITY/ST/ZIP: ARLINGTON, VA 22209

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PAMELA J DOWDY
TITLE: DIRECTOR
ADDRESS: 4901 Waters Edge Drive,
Suite 101
CITY/ST/ZIP/CO: Raleigh, NC 27606

OFFICER DIRECTOR

NAME: DAVID CONDE
TITLE: PRESIDENT
ADDRESS: 1501 Lee Highway
Suite 208
CITY/ST/ZIP/CO: Arlington, VA 22209

OFFICER DIRECTOR

NAME: DAVID A STRAUSS
TITLE: SECRETARY
ADDRESS: 594 MANNAKEE STREET
CITY/ST/ZIP/CO: ROCKVILLE, MD 20850

OFFICER DIRECTOR

NAME: Jose Simon Villa
TITLE: CEO
ADDRESS: 2700 Wycliff Road
Suite 302
CITY/ST/ZIP/CO: Raleigh, NC 27607

OFFICER DIRECTOR

NAME: Jaime Delgado
TITLE: DIRECTOR
ADDRESS: P.O. Box 211
CITY/ST/ZIP/CO: Sunnyside, WA 98944

OFFICER DIRECTOR

NAME: Juan M Dempere
TITLE: TREASURER
ADDRESS: 2555 East Geddes Place
CITY/ST/ZIP/CO: Centennial, CO 80122

OFFICER DIRECTOR

NAME: Adrienne M Dervartanian TITLE: DIRECTOR ADDRESS: 1126 16th Street, NW Suite 270 CITY/ST/ZIP/CO: Washington, DC 20036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Cipriano Garza TITLE: VICE PRESIDENT ADDRESS: 101 N.E. 19th Street CITY/ST/ZIP/CO: Homestead, FL 33030	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Norma Flores Lopez TITLE: DIRECTOR ADDRESS: 1507B North Van Dorn Streett CITY/ST/ZIP/CO: Alexandria, VA 22304	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Juvencio Rocha Peralta TITLE: DIRECTOR ADDRESS: 716 Simpson Street CITY/ST/ZIP/CO: Simpson, NC 27829	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Amparo Maldonado TITLE: DIRECTOR ADDRESS: C/o ECMHSP 4484 Chandler Mountain Road CITY/ST/ZIP/CO: Steele, AL 35937	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: John Edward Menditto TITLE: General Counsel ADDRESS: 1501 Lee Higway Suite 208 CITY/ST/ZIP/CO: Arlington, VA 22209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ John EdwardMenditto SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	John EdwardMenditto, PRINTED NAME AND CORPORATE TITLE	11/12/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		