2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State
02-25-2004 90045 027 ****61.25

DOCUMENT # N19631

1. Entity Name

FLORIDA KEYS HEALTHY START COALITION, INC.

Principal Place of Business	Mailing Address
1100 SIMONTON ST. KEY WEST FL 33040	1100 SIMONTON ST. KEY WEST FL 33040

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0051482 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, MELISSA M DIRECTO
1100 SIMONTON ST.
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
MICHAEL A. PHILIP, EXEC. DIR.
1100 SIMONTON ST.

City KEY WEST **FL** Zip Code 33040

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X [signature] X 2/12/04

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REICH, MARY KAY PRESIDE ~~869 89TH ST.~~ MARATHON FL 33050	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KEITH DOUGLASS PO BOX 932 LONG KEY, FL. 33001 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLIAMS, MARY TREASUR 3112 FLAGLER AVE. KEY WEST FL 33040	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TBA ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DOUGLASS, KEITH VICE PR. 113 WILLOW LANE LOWER METACUMBER FL 33036	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MICHAEL CUNNINGHAM 9713 OVERSEAS HIGHWAY. MARATHON, FL. 33050 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, MELISSA M DIRECTO 1100 SIMONTON ST. KEY WEST FL 33040	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXECUTIVE DIRECTOR MICHAEL A PHILIP 1100 SIMONTON ST KEY WEST, FL. 33040 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TORRENCE, STEVE 1215 PETRONIA ST. KEY WEST FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COTTRELL, CHERYL 91500 OVERSEAS HWY. TAVERNIER FL 33070	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] X 2/12/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #