2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# N19631

Entity Name: FLORIDA KEYS HEALTHY START COALITION, INC.

Current Principal Place of Business:

1100 SIMONTON ST.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1100 SIMONTON ST.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0051482 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NESBITT, ARIANNA
1100 SIMONTON ST.
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PP ( ) Delete
Name: DOUGLASS, KEITH
Address: P.O. BOX 932
City-St-Zip: LONG KEY, FL 33001 US

Title: P ( ) Delete
Name: CUNNINGHAM, MICHAEL
Address: 9713 OVERSEAS HIGHWAY
City-St-Zip: MARATHON, FL 33050 US

Title: T ( ) Delete
Name: WALSH, LINDA
Address: 1100 SIMONTON ST.
City-St-Zip: KEY WEST, FL 33040 US

Title: S ( ) Delete
Name: WINTERMYER,
Address: P.O. BOX 747
City-St-Zip: LONG KEY, FL 33001 US

Title: V ( ) Delete
Name: COTTRELL, CHERYL
Address: 91500 OVERSEAS HWY.
City-St-Zip: TAVERNIER, FL 33070 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CH (X) Change ( ) Addition
Name: COTTRELL, CHERYL
Address: 1100 SIMONTON STREET - FKHSC
City-St-Zip: KEY WEST, FL 33040

Title: V-CH (X) Change ( ) Addition
Name: MERRILL, HOLLY
Address: 1100 SIMONTON ST. - FKHSC
City-St-Zip: KEY WEST, FL 33040 US

Title: TRES (X) Change ( ) Addition
Name: WALSH, LINDA
Address: 1100 SIMONTON ST. - FKHSC
City-St-Zip: KEY WEST, FL 33040

Title: SCTY (X) Change ( ) Addition
Name: WINTERMYER, LYNN
Address: 1100 SIMONTON ST. - FKHSC
City-St-Zip: KEY WEST, FL 33040

Title: P-CH (X) Change ( ) Addition
Name: CUNNINGHAM, MICHAEL
Address: 1100 SIMONTON ST. - FKHSC
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify 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: CHERYL COTTRELL CHR 01/15/2008

Electronic Signature of Signing Officer or Director — Date