


FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49202** (7)
1. Corporation Name
ORANGE COUNTY HEALTHY START COALITION, INC.

Principal Place of Business 925 S. DENNING DR. 3 WINTER PARK FL 32789 US	Mailing Address 925 S. DENNING DR 3 WINTER PARK FL 32789 US
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2. Principal Place of Business 21 600 Courtland Street Suite, Apt. #, etc. 22 Suite #565 City & State 23 Orlando, Florida Zip 24 32804	2a. Mailing Address 26 600 Courtland Street Suite, Apt. #, etc. 27 Suite #565 City & State 28 Orlando, Florida Zip 29 32804 Country 30 Orange
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3. Date Incorporated or Qualified 06/01/1992
4. FEI Number 59-3125675
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**BENCIE-VILLALBA, JENNIFER
925 S DENNING DR STE 3
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent
81 Name Andrea W. Miller
82 Street Address (P.O. Box Number is Not Acceptable) 600 Courtland Street
83 Suite #565
84 City Orlando FL 85 Zip Code 32804

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 **Andrea W. Miller** DATE **4/21/98**
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PETERSON-ARMSTRONG, SUE
STREET ADDRESS	1350 W COLONIAL DR
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DELOACH, DEWEY
STREET ADDRESS	832 W CENTRAL BLVD
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LARSEN, RAY
STREET ADDRESS	4680 LAKE UNDERHILL ROAD
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Larsen, Ray
3.3 STREET ADDRESS	507 East Michigan Street
3.4 CITY-ST-ZIP	Orlando, FL 32806
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mays, Lynda
4.3 STREET ADDRESS	741 South Pennsylvania Avenue
4.4 CITY-ST-ZIP	Winter Park, FL 32789
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Witsell, Tyra
5.3 STREET ADDRESS	2100 East Michigan Street
5.4 CITY-ST-ZIP	Orlando, FL 32806
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Miller, Andrea W.
6.3 STREET ADDRESS	600 Courtland Street, Suite #565
6.4 CITY-ST-ZIP	Orlando, FL 32804

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.

SIGNATURE: **Andrea W. Miller** DATE **4/21/98** (407) **741-5240**

CR2E037 (10/97)