

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAY 31 AM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003115 (2)**

1. Corporation Name

HEALTHY START COALITION OF OSCEOLA COUNTY, INC.

Principal Place of Business

Mailing Address

1875 BOGGY CREEK ROAD
KISSIMMEE FL 34744

1875 BOGGY CREEK ROAD
KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

06/20/1994

4. FEI Number

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GANT, GEORGE A M.D.
1875 BOGGY CREEK ROAD
KISSIMMEE FL 34744

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature (required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME MILLER, GLORIA D
STREET ADDRESS 124 PANSY COURT
CITY, ST, ZIP KISSIMMEE FL 34743

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

Change Addition
000001504060
-06/02/95--01007--008
*****61.25 *****61.25

TITLE VD
NAME GANT, GEORGE A M.D.
STREET ADDRESS 9 GLENDALE DRIVE
CITY, ST, ZIP KISSIMMEE FL 34744

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

Change Addition

TITLE SD
NAME ~~EVANS, TERESA L~~
STREET ADDRESS ~~14001 GO. O.B.T.~~
CITY, ST, ZIP ~~ORLANDO FL 32837~~

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

Change Addition
D DENNIS McNAMEE
1422 ELEVENTH ST
ST. CLOUD, FL 34769

TITLE TD
NAME ~~GORBETT, KAREN C~~
STREET ADDRESS ~~1775 EDNA DRIVE~~
CITY, ST, ZIP ~~ST. CLOUD FL 34774~~

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

Change Addition
D ROSA ALIFONSO
100 W. CARROLL STREET
KISSIMMEE, FL 34741

TITLE D
NAME ~~ARENTE, ANITA~~
STREET ADDRESS ~~3201 MAPLE RUN~~
CITY, ST, ZIP ~~KISSIMMEE FL 34744~~

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

Change Addition
D TERRIE WATKINS
700 W. OAK STREET
KISSIMMEE, FL 34742

TITLE D
NAME FOX, CAROL
STREET ADDRESS 1200 NO. CENTRAL AVENUE
CITY, ST, ZIP KISSIMMEE FL 34741

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *George A. Gant*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

April 17, 1995
DATE (Typing Name)