

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000003115 (2)

1. Corporation Name

HEALTHY START COALITION OF OSCEOLA COUNTY, INC.



59-3212535

Principal Place of Business: 1875 BOGGY CREEK ROAD, KISSIMMEE FL 34744
Mailing Address: 1875 BOGGY CREEK ROAD, KISSIMMEE FL 34744

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report: 05/31/1995

2. Principal Place of Business: 21 1155 S. Semoran Blvd., Suite 1111, Winter Park, Florida 32792
2a. Mailing Address: 26 1155 S. Semoran Blvd., Suite 1111, Winter Park, Florida 32792

4. FEI Number: APPLIED FOR 59-3212535
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: GANT, GEORGE A M.D., 1875 BOGGY CREEK ROAD, KISSIMMEE FL 34744

10. Name and Address of New Registered Agent: B1 Name, B2 Street Address (P.O. Box Number is Not Acceptable), B3, B4 City, B5 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GLORIA D	1.2 NAME	
STREET ADDRESS	124 PANSY COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34743	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANT, GEORGE A M.D.	2.2 NAME	
STREET ADDRESS	9 GLENDALE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAMEE, DENNIS L	3.2 NAME	
STREET ADDRESS	1422 ELEVENTH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST.CLOUD FL 34769	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALIFONSO, ROSA C	4.2 NAME	
STREET ADDRESS	100 W.CARROLL STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34742	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARENTE, ANITA	5.2 NAME	
STREET ADDRESS	3201 MAPLE RUN	5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, CAROL	6.2 NAME	
STREET ADDRESS	1200 NO. CENTRAL AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	6.4 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: Gloria Dixon Miller 2-12-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)