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Mar 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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.



Principal Place of Business Mailing Address  
1155 S SEMORAN BLVD STE 1111 WINTER PARK FL 32792 US  
1155 S SEMORAN BLVD STE 1111 WINTER PARK FL 32782-5505 US

3. Date Incorporated or Qualified 06/20/1994  
3a. Date of Last Report 03/08/1996  
4. FEI Number 59-3212535  
Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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  
81 Name Steve Windham  
82 Street Address (P.O. Box Number is Not Acceptable) 1155 S. Semoran Blvd.  
83 Suite 1111  
84 City Winter Park FL 85 Zip Code 32792

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: Steve C. Windham Gloria Dixon Miller 1-15-97  
Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE CD President [ ] DELETE  
NAME MILLER, GLORIA D  
STREET ADDRESS 124 PANSY COURT  
CITY-ST-ZIP KISSIMMEE FL 34743  
TITLE VD Vice President [ ] DELETE  
NAME GANT, GEORGE A M.D.  
STREET ADDRESS 9 GLENDALE DRIVE  
CITY-ST-ZIP KISSIMMEE FL 34744  
TITLE D [X] DELETE  
NAME ~~WONAMIE DENNIS~~  
STREET ADDRESS 1422 ELEVENTH ST  
CITY-ST-ZIP ST.CLOUD FL 34769  
TITLE D Secretary [ ] DELETE  
NAME ALIFONSO, ROSA C  
STREET ADDRESS 100 W.CARROLL STREET  
CITY-ST-ZIP KISSIMMEE FL 34742  
TITLE D [X] DELETE  
NAME ARENTTE, ANITA  
STREET ADDRESS 3201 MAPLE RUN  
CITY-ST-ZIP KISSIMMEE FL 34744  
TITLE D [X] DELETE  
NAME FOX, CAROL  
STREET ADDRESS 1200 NO. CENTRAL AVENUE  
CITY-ST-ZIP KISSIMMEE FL 34741

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE [ ] Change [X] Addition  
3.2 NAME D  
3.3 STREET ADDRESS Melissa Hunt  
3.4 CITY-ST-ZIP 1322 10th Street  
St. Cloud, FL 34769  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] Change [X] Addition  
5.2 NAME D Treasurer  
5.3 STREET ADDRESS Karen Teamer  
5.4 CITY-ST-ZIP 200 Hilda Street  
Kissimmee, FL 34741  
6.1 TITLE [ ] Change [X] Addition  
6.2 NAME Keane Clark  
6.3 STREET ADDRESS 1116 Robertson Ave.  
6.4 CITY-ST-ZIP Kissimmee, FL 34741

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Gloria Dixon Miller 1-15-97  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015432

CR2E037 (9/96)