FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N94000003115 (2)

HEALTHY START COALITION OF OSCEOLA COUNTY, INC.

FILED May 12 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address												1 100111		ii 0(8)) 39)			OULUF HIN		901 9 111 (891
1155 & SEMORAN BLVD					1155 S SEMORAN BLVD						3.	ate Inc	orporate	d or Qu	alified				
8TE 1111 WINTER PARK	EI 997 09	-	STE 1111 WINTER PARK FL 32792							06/2	0/199	4							
US FARE	FL 32/32			US						4. F	El Num		•				Ap	plied For	
													21253	15				No	t Applicable
——————————————————————————————————————	lace of Busin	2a. Mailing Address						5. 0	Certificat	e of Sta	tus Desi	red				Additional			
Suite, Apt. #, etc.					Suite, Apt. #, etc.							lootion (Campai	an Finan	oles				guired
22					27							rust Fur		-	icing				May Be Fees
City & State					City & State						7. 19	s this no	nprofit c	orporati	ion a ho	omeown	ers asso		
23					28											Yes	□ No		
Zip		Country							Country U.S.A.								urrent ye		
24 32792-		505 25 U.S.A. 9. Name and Address of Ci			120 0-00-00			U.S.A.				Personal Property Tax due June 30 Yes No 10. Name and Address of New Registered Agent] No	
	9. (10)//O	and i	Addibas Of Car	ioni negli	stored Agent			8	1	Name	10. 1	edille bi	O Addi	49# VI I	10W 110	Aistole	u Agent		
WINDHA	M STEVE							8	_	<u> </u>		-							
WINDHAM, STEVE 1155 S. SEMORAN BLVD.										Street Ac	reet Address (P.O. Box Number is Not Acceptable)								
SUITE 1111								8	3										
WINTER PARK FL 32792								8	<u>.</u> -	City							les I	Zin (Code
	<u>.</u>							"	1	Oity						F	L 85	Zip (2006
11. Pursuant	to the provisi	ions o	f Sections 617.0 r both, in the St	0502 and 6	317.1508, Flori	da Statu	ites, th	he abo	ve-i	named co	corporation :	submits	this stat	tement fo	or the p	ourpose	of chang	ging it	s registered
agent. I a	m (am iliar wi	in, an	d accept the ob	ligations o	of Section 617	.0503, F	orida	Statut	9S.	no borpo		a. a o, a	1001010.	1110100	, acco	pr trio u	ppominic	in as	rogiolorou
SIGNATURE .	Signature, broad	Dr. exist.	ed name of registered	egent and till	s if applicable	(NO	TE: Poo	intered A		alanat ro so	equired when re	la et et la el				DATE			
12.	Signature, typico	о рен п	OFFICERS /			(IVO		13.	уыл	aignatore rec			S/CHAN	IGES TO	OFFIC		VD DIRE	CTOR	S IN 12
TITLE	ČD				D	ELETE		1.1 TITLE		D)						K Ch	ange	Addition
NAME	MILLER,	GLO I	ria d					1.2 NAMI	È	M	Miller,	, G1c	ria	D.					
STREET ADDRESS	124 PAN				1.33				1.3 STREET ADDRESS 242			ancae	hire	Roa	d				
CITY-\$T-21P	KISSIMM	EE F	L 34743				4	1.4 CITY	ST-		Kissim	nee.	FL 3	4743					
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NAME			GE A M.D.					2.2 NAMI			Gant, (
STREET ADDRESS	9 GLEND KISSIMM				1				1			75 Boggy Creek Road							€
CITY-ST-ZIP	D D	<u> </u>	L 34/44	· · · · · · · · · · · · · · · · · · ·				3.1 TITLE CD				nee,	<u> </u>	94744	·		Ch	ange	Addition
NAME	HUNT. MELISSA											Anne					<u></u>		
STREET ADDRESS	1322 101		•									Anne hl <i>l</i>		ıe					
CITY-ST-24P	ST. CLO	–						3.4. CITY	- ST-		Orland								
TITLE	Ď				D	ELETE	_	4.5 TITLE									Ch	ange	Addition
NAME	ALIFONS	0, R	OSA C					4. 2 NAM	E										
STREET ADDRESS	100 W.CARROLL STREET								4.3 STREET ADDRESS			1							
CITY-ST-ZIP	KISSIMM	<u>ee f</u>	L 34742			C) ETE		4.4 CITY		ZIP									A dame.
TITLE	DT	VAC	MENI		יט ב	ELETE		5.1 TITLE									L] Ch	iange	Addition
NAME Street address	TEAMER,							5.2 NAME		nnocco									
CITY-ST-ZIP	200 HILD KISSIMM							5.3 STREI 5.4 CITY-											
TITLE	D	uu F	<u> </u>		▼ D	ELETE		5.4 CITY - 6.1 TITLE		211							☐ Ch	ange	Addition
NAME	CLARK, I	KEAN	IE .		-	-		6.2 NAME										-	
STREET ADDRESS			SON AVE.					6.3 STREE		DDRESS									
City-St-ZIP	KISSIMM							6.4 CITY-											

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 407

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