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Apr 23, 1999 8:00 am
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04-23-1999 90017 022 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003115

1. Corporation Name

HEALTHY START COALITION OF OSCEOLA COUNTY, INC.

Principal Place of Business

1155 S SEMORAN BLVD
STE 1111
WINTER PARK FL 32792
US

Mailing Address

1155 S SEMORAN BLVD
STE 1111
WINTER PARK FL 32792
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

06/20/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-3212535

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINDHAM, STEVE
1155 S. SEMORAN BLVD.
SUITE 1111
WINTER PARK FL 32792

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME MILLER, GLORIA D
STREET ADDRESS 2421 LANCASHIRE RD
CITY-ST-ZIP KISSIMMEE FL 34743

1.1 TITLE D Change Addition
1.2 NAME Michelle Gombert
1.3 STREET ADDRESS 700 West Oak Street
1.4 CITY-ST-ZIP Kissimmee, FL 34742

TITLE VD DELETE
NAME GANT, GEORGE A M.D.
STREET ADDRESS 1875 BOGGY CREEK RD
CITY-ST-ZIP KISSIMMEE FL 34744

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME HUNT, MELISSA
STREET ADDRESS 1322 10TH STREET
CITY-ST-ZIP ST. CLOUD FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME ALIFONSO, ROSA C
STREET ADDRESS 100 W. CARROLL STREET
CITY-ST-ZIP KISSIMMEE FL 34742

4.1 TITLE D Change Addition
4.2 NAME Mary Allen
4.3 STREET ADDRESS 207 Park Place
4.4 CITY-ST-ZIP Kissimmee, FL 34741

TITLE DT DELETE
NAME TEAMER, KAREN
STREET ADDRESS 200 HILDA STREET
CITY-ST-ZIP KISSIMMEE FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE CD DELETE
NAME QUIRK, A
STREET ADDRESS 1414 KUHLE AVE
CITY-ST-ZIP ORLANDO FL 32806

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

841-5162

3/17/99

Date

Daytime Phone #

CR2E037 (1/198)