


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90047 047 \*\*\*\*61.25

**DOCUMENT # N94000003115**

1. Entity Name  
**HEALTHY START COALITION OF OSCEOLA COUNTY, INC.**



Principal Place of Business  
**1050 GRAPE AVE  
SAINT CLOUD FL 34769  
US**

Mailing Address  
**PO BOX 701995  
ST. CLOUD FL 34770-1995  
US**

2. Principal Place of Business  
**1014 Pennsylvania Avenue**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Saint Cloud, FL**


City & State

Zip  
**34769**

Country  
**USA**

Zip

Country



**MOORE CR2E037 (11/03)**

4. FEI Number  
**59-3212535**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**MCWHIRTER, PATRICIA H  
1050 GRAPE AVE  
SAINT CLOUD FL 34769**

7. Name and Address of New Registered Agent

Name

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

City  
**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATKINS, TERRIE 207 PARK PLACE KISSIMMEE FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GANT, GEORGE A.M.D. 1875 BOGGY CREEK RD KISSIMMEE FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, ROBERT 314 DAGANA CT POINCIANA FL 34758	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, MARY 207 PARK PLACE KISSIMMEE FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CLARKE, LINDA 5900 E. IRLO BRONSON HWY ST. CLOUD FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RINCON-DWYER, MARIA 5350 SA MIGUEL RD KISSIMMEE FL 34758	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kilroy, Vicki 1350 Lakeview Avenue Kissimmee, FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Watkins, Terrie 207 Park Place Kissimmee, FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gant, George A. M.D. 1875 Boggy Creek Road Kissimmee, FL 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia H. McWhirter* Patricia H. McWhirter 3/3/04 407-891-9199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #