

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003115

FILED
Mar 29, 2007
Secretary of State

Entity Name: HEALTHY START COALITION OF OSCEOLA COUNTY, INC.

Current Principal Place of Business:

1014 PENNSYLVANIA AVENUE
SAINT CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 701995
ST. CLOUD, FL 347701995 US

New Mailing Address:

FEI Number: 59-3212535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCWHIRTER, PATRICIA H
1014 PENNSYLVANIA AVENUE
SAINT CLOUD, FL 34769 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WATKINS, TERRIE
Address: 207 PARK PLACE
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: DALTON, DAGAN M.D.
Address: 1875 BOGGY CREEK RD
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: YOUNG, ROBERT
Address: 3100 HANGING MOSS CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: ALLEN, MARY
Address: 207 PARK PLACE
City-St-Zip: KISSIMMEE, FL 34741

Title: CD () Delete
Name: CLARKE, LINDA
Address: 5900 E. IRLO BRONSON HWY
City-St-Zip: ST. CLOUD, FL 34771

Title: TD () Delete
Name: RINCON-DWYER, MARIA
Address: 817 BILL BECK BLVD.
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA H. MCWHIRTER

ED

03/29/2007

Electronic Signature of Signing Officer or Director

_____ Date