

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003115

FILED  
Feb 16, 2011  
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  
Name: WINKFIELD, GWENDOLYN  
Address: 113 WHITE BIRCH DRIVE  
City-St-Zip: KISSIMMEE, FL 34743

Title: D  
Name: JOHNSON-CORNETT, BELINDA  
Address: 1875 BOGGY CREEK RD  
City-St-Zip: KISSIMMEE, FL 34744

Title: D  
Name: BENNETT, TERESA  
Address: 2370 OAKWIND COURT  
City-St-Zip: SAINT CLOUD, FL 34772

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

Title: D  
Name: BARFIELD, RUFUS MD  
Address: 13914 SMOKERISE COURT  
City-St-Zip: ORLANDO, FL 32832

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

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA H. MCWHIRTER

ED

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date