

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003115

FILED
Jan 20, 2012
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: D
Name: PLEASANTS, KIM
Address: 1485 S. SEMORAN BLVD, SUITE 1402
City-St-Zip: WINTER PARK, FL 32792

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

01/20/2012

Electronic Signature of Signing Officer or Director

_____ Date