


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90143 013 ****61.25

DOCUMENT # N94000003115

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



Principal Place of Business Mailing Address

**1050 GRAPE AVE
SAINT CLOUD FL 34769
US**

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3212535** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**MCWHIRTER, PATRICIA H
1050 GRAPE AVE
SAINT CLOUD FL 34769**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, TERRIE	NAME	
STREET ADDRESS	207 PARK PLACE	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANT, GEORGE A M.D.	NAME	
STREET ADDRESS	1875 BOGGY CREEK RD	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ROBERT	NAME	
STREET ADDRESS	314 DAGANA CT	STREET ADDRESS	
CITY-ST-ZIP	POINCIANA FL 34758	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, MARY	NAME	
STREET ADDRESS	207 PARK PLACE	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, LINDA	NAME	CD
STREET ADDRESS	5900 E. IRLO BRONSON HWY	STREET ADDRESS	Clarke, Linda
CITY-ST-ZIP	ST. CLOUD FL 34744	CITY-ST-ZIP	5900 E. Irlo Bronson HWY St. Cloud, FL 34744
TITLE	CD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUIRK, A	NAME	ID
STREET ADDRESS	6750 BAYSHORE DRIVE	STREET ADDRESS	Rincon-Dwyer, Maria
CITY-ST-ZIP	SAINT CLOUD FL 34771	CITY-ST-ZIP	5350 San Miguel Road Kissimmee, FL 34758

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 1-24-03 407-894-9199

CR2E037 (10/02)