


5-13-97 8-1131  
FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49202** (7)  
1. Corporation Name  
**ORANGE COUNTY HEALTHY START COALITION, INC.**



Principal Place of Business <b>925 S. DENNING DR. 3 WINTER PARK FL 32789 US</b>	Mailing Address <b>925 S. DENNING DR 3 WINTER PARK FL 32789-4766 US</b>
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3. Date Incorporated or Qualified <b>06/01/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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4. FEI Number <b>59-3125675</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>STONE, LINDA 919 N. ORANGE AVE STE.202 WINTER PARK FL 3278</b>	
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10. Name and Address of New Registered Agent <b>81 Name JENNIFER BENJIE-VILLALBA 82 Street Address (P.O. Box Number is Not Acceptable) 925 S. DENNING DR, SUITE 3 83 84 City Winter Park FL 85 Zip Code 32789</b>	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Jennifer B. Villalba* DATE **April 25, 1997**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SUTHERLAND, LINDA</b>
STREET ADDRESS	<b>445 WEST AMELIA STREET</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>STONE, DR. LINDA</b>
STREET ADDRESS	<b>925 SOUTH DENNING DRIVE, STE 3</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GEIGER, MS. ELLEN</b>
STREET ADDRESS	<b>1717 S ORANGE AVENUE SUITE 200</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PETERSON-ARMSTRONG, SUE</b>
1.3 STREET ADDRESS	<b>1350 W COLONIAL DR</b>
1.4 CITY-ST-ZIP	<b>ORLANDO FL 32804</b>
2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DELOACH, DEWEY</b>
2.3 STREET ADDRESS	<b>832 W CENTRAL BLVD</b>
2.4 CITY-ST-ZIP	<b>ORLANDO FL 32805</b>
3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>LARSEN, RAY</b>
3.3 STREET ADDRESS	<b>4680 LAKE UNDERHILL ROAD</b>
3.4 CITY-ST-ZIP	<b>ORLANDO FL 32807</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jennifer B. Villalba* DATE: **April 25, 1997** 7406307  
Signature and typed or printed name of signing officer or director. Daytime Phone #0012532

CR2E037 (9/96)