

FILE NOW: FILING FEE IS \$61.25

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May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46338** (2)

1. Corporation Name

**HEALTHY START COALITION OF PINELLAS, INC.**



Principal Place of Business	Mailing Address
13350 US 19 NORTH MS 101-2 CLEARWATER FL 34624-7280 US	13350 US 19 NORTH MS 101-2 CLEARWATER FL 34624-7280 US

3. Date Incorporated or Qualified	12/06/1991
4. FEI Number	59-3109517
Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 2735 Whitney Rd Suite, Apt. #, etc.	26 2735 Whitney Rd Suite, Apt. #, etc.
22 City & State	27 City & State
23 Clearwater FL	28 Clearwater FL
24 33760 25 US	29 33760 30 US

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SMITH, CONSTANCE C. 13350 US 19 S MS 101-5 CLEARWATER FL 34624-7280

10. Name and Address of New Registered Agent
81 Name Smith, Constance C
82 Street Address (P.O. Box Number Is Not Acceptable) 2735 Whitney Rd
83 City
84 Clearwater FL 85 Zip Code 33760

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DC <input type="checkbox"/> DELETE
NAME	PETERS, CHARLES
STREET ADDRESS	13350 US 19 NORTH, MS 101-2
CITY-ST-ZIP	CLEARWATER FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	DOLLAR, LYNNE
STREET ADDRESS	13350 US 19 NORTH, MS 101-2
CITY-ST-ZIP	CLEARWATER FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	VITUCCI, JUDI
STREET ADDRESS	13350 US 19 NORTH, MS 101-2
CITY-ST-ZIP	CLEARWATER FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	PLUCHINSKI, MARION
STREET ADDRESS	13350 US 19 NORTH, MS 101-5
CITY-ST-ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SMITH, CONSTANCE C.
STREET ADDRESS	13350 US 19 NORTH, MS 101-5
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2735 Whitney Rd
1.4 CITY-ST-ZIP	CLEARWATER, FL 33760
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2735 Whitney Rd
2.4 CITY-ST-ZIP	CLEARWATER, FL 33760
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2735 Whitney Rd
3.4 CITY-ST-ZIP	CLEARWATER, FL 33760
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2735 Whitney Rd
4.4 CITY-ST-ZIP	CLEARWATER, FL 33760
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2735 Whitney Rd
5.4 CITY-ST-ZIP	CLEARWATER, FL 33760
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 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 as an attachment with an address.

SIGNATURE: *Constance C. Smith* 3/27/98 (V13) 507-6330

CR2E037 (10/97)