

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46338

1. Corporation Name

HEALTHY START COALITION OF PINELLAS, INC.

Principal Place of Business

2735 WHITNEY RD
MS 101-2
CLEARWATER FL 33760
US

Mailing Address

2735 WHITNEY RD
MS 101-2
CLEARWATER FL 33760
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/06/1991 4. FEI Number 59-3109517 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

SMITH, CONSTANCE C.
2735 WHITNEY RD
MS 101-5
CLEARWATER FL 33760

10. Name and Address of New Registered Agent

81 Name
Debra Bara
82 Street Address (P.O. Box Number is Not Acceptable)
2735 Whitney Road
83 MS 101-5
84 City
Clearwater
85 Zip Code
FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	DC
NAME	PETERS, CHARLES	1.2 NAME	Marcia L. Wiseman
STREET ADDRESS	2735 WHITNEY ROAD	1.3 STREET ADDRESS	601 Main St - MS 404
CITY-ST-ZIP	CLEARWATER FL 33760	1.4 CITY-ST-ZIP	Dundee, FL 34698
TITLE	DV	2.1 TITLE	DS
NAME	DOLLAR, LYNNE	2.2 NAME	Mary Cross
STREET ADDRESS	2735 WHITNEY ROAD	2.3 STREET ADDRESS	3619 - 16th Avenue N
CITY-ST-ZIP	CLEARWATER FL 33760	2.4 CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	DS	3.1 TITLE	DV
NAME	VITUCCI, JUDI	3.2 NAME	Judi Vitucci, PhD
STREET ADDRESS	2735 WHITNEY ROAD	3.3 STREET ADDRESS	801 - 6th Street S
CITY-ST-ZIP	CLEARWATER FL 33760	3.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	DT	4.1 TITLE	DT
NAME	PLICHINSKI, MARION	4.2 NAME	Astrid Ellis
STREET ADDRESS	2735 WHITNEY ROAD	4.3 STREET ADDRESS	1619 Beach Drive SE
CITY-ST-ZIP	CLEARWATER FL 33760	4.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	D	5.1 TITLE	M
NAME	SMITH, CONSTANCE C.	5.2 NAME	Debra Bara
STREET ADDRESS	2735 WHITNEY ROAD	5.3 STREET ADDRESS	2735 Whitney Road
CITY-ST-ZIP	CLEARWATER FL 33760	5.4 CITY-ST-ZIP	Clearwater, FL 33760
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Debra Bara* **DEBRA BARA, Executive Director** 4/30/99 727 507-6330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)