

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46338

FILED
Mar 17, 2005
Secretary of State

Entity Name: HEALTHY START COALITION OF PINELLAS, INC.

Current Principal Place of Business:

2735 WHITNEY ROAD
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

2735 WHITNEY ROAD
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: 59-3109517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARA, DEBRA
2735 WHITNEY ROAD
CLEARWATER, FL 33760 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: DC () Delete
Name: WONG, MARK
Address: 3319 BRIARWOOD CIRCLE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: ED () Delete
Name: BARA, DEBRA
Address: 2735 WHITNEY ROAD
City-St-Zip: CLEARWATER, FL 33760

Title: DS () Delete
Name: CROSS, MARY
Address: 3619 16TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: DV () Delete
Name: GUSTIN, ELENA M
Address: 4500 140TH AVE N, SUITE 120
City-St-Zip: CLEARWATER, FL 33762

Title: DT () Delete
Name: SABATIER, JOHN J IV
Address: 400 NORTH ASHLEY DRIVE, 2ND FLOOR
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: HUGHES, LISA
Address: 10601 BELCHER ROAD SO
City-St-Zip: LARGO, FL 33777

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DEBRA BARA

ED

03/17/2005

Electronic Signature of Signing Officer or Director

Date