

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010663

**Entity Name:** HEALTHY TEENS COALITION OF MANATEE COUNTY, INC.

**Current Principal Place of Business:**

120 40TH STREET COURT NORTH WEST  
BRADENTON, FL 34209

**Current Mailing Address:**

120 40TH STREET COURT NORTH WEST  
BRADENTON, FL 34209 US

**FEI Number: 45-0990646**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LEGLER, MARY ANN  
120 40TH STREET COURT NORTH WEST  
BRADENTON, FL 34209 US

*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

**Officer/Director Detail :**

Title            CHR.  
Name            LEGLER, MARY ANN  
Address        120 40TH STREET COURT  
                  NORTHWEST  
City-State-Zip: BRADENTON FL 34209

Title            SEC.  
Name            RAMIREZ, LISA  
Address        610 19TH ST W  
City-State-Zip: BRADENTON FL 34205

Title            VCHR  
Name            TOMELO, JOAN  
Address        11519 JACKSON MANOR CT  
City-State-Zip: PARRISH FL 34219

Title            TRSR  
Name            HICKERSON, GARY  
Address        502 75TH STREET  
City-State-Zip: HOLMES BEACH FL 34217

*I hereby 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 all other like empowered.*

**SIGNATURE: GARY HICKERSON**

**TREASURER**

**03/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date