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	02/06/2019	

SIGNATURE: GARY HICKERSON

Electronic Signature of Signing Officer/Director Detail

Officer/Direc	ctor Detail :		
Title	CHR.	Title	SEC.
Name	LEGLER, MARY ANN	Name	RAMIREZ, LISA
Address	120 40TH STREET COURT	Address	610 19TH ST W
NORTHWEST		City-State-Zip:	BRADENTON FL 34205
City-State-Zip:	BRADENTON FL 34209		
Title	TRSR		
Name	HICKERSON, GARY		
Address	502 75TH STREET		

Officer/Director Detail

City-State-Zip: HOLMES BEACH FL 34217

SIGNATURE:

-	
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

### Name and Address of Current Registered Agent:

Electronic Signature of 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.

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N10000010663

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

# Feb 06, 2019 Secretary of State 5557281102CC

FILED

Certificate of Status Desired: Yes

Date

Date