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	02/20/2018

SIGNATURE: GARY HICKERSON

Electronic Signature of Signing Officer/Director Detail

Title (Name L Address ľ City-State-Zip: E Title Name Н Address 502 75TH STREET City-State-Zip: HOLMES BEACH FL 34217

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.

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

Name and Address of Current Registered Agent:

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

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

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



Certificate of Status Desired: No

Date

Date

TREASURER

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N10000010663