

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46338

**Entity Name:** HEALTHY START COALITION OF PINELLAS, INC.**Current Principal Place of Business:**4000 GATEWAY CENTRE BLVD  
SUITE 200  
PINELLAS PARK, FL 33782**Current Mailing Address:**4000 GATEWAY CENTRE BLVD  
SUITE 200  
PINELLAS PARK, FL 33782 US**FEI Number:** 59-3109517**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PLEWS, MARY JO  
4000 GATEWAY CENTRE BLVD  
SUITE 200  
PINELLAS PARK, FL 33782 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:** MARY JO PLEWS

04/01/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ED  
Name PLEWS, MARY JO  
Address 4000 GATEWAY CENTRE BLVD  
SUITE 200  
City-State-Zip: PINELLAS PARK FL 33782

Title BOARD TREASURER  
Name CAPELLA, ANTHONY  
Address 4000 GATEWAY CENTRE BLVD  
SUITE 200  
City-State-Zip: PINELLAS PARK FL 33782

Title BOARD CHAIR  
Name PEREZ, SUMMER  
Address 4000 GATEWAY CENTRE BLVD  
SUITE 200  
City-State-Zip: PINELLAS PARK FL 33782

Title BOARD VICE CHAIR  
Name BUTLER, LADONNA DR.  
Address 4000 GATEWAY CENTRE BLVD  
SUITE 200  
City-State-Zip: PINELLAS PARK FL 33782

Title SECRETARY  
Name O'MERA, MARY  
Address 4000 GATEWAY CENTRE BLVD  
SUITE 200  
City-State-Zip: PINELLAS PARK FL 33782

*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:** MARY JO PLEWS

EXECUTIVE DIRECTOR

04/01/2019

Electronic Signature of Signing Officer/Director Detail

Date