

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

DOCUMENT# N46338

**Entity Name:** HEALTHY START COALITION OF PINELLAS, INC.

**Current Principal Place of Business:**

2600 E. BAY DR., 2ND FLOOR,  
205  
LARGO, FL 33771

**Current Mailing Address:**

2600 E. BAY DR., 2ND FLOOR,  
205  
LARGO, FL 33771 US

**FEI Number:** 59-3109517

**Certificate of Status Desired:** No

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

VITUCCI, JUDITH DR.  
2600 EAST BAY DRIVE  
SUITE D  
LARGO, FL 33771 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 ED  
Name VITUCCI, JUDITH DR.  
Address 2600 EAST BAY DRIVE  
City-State-Zip: LARGO FL 33771

Title DT  
Name STEFANICK, MARY ELLEN  
Address 2600 EAST BAY DRIVE  
City-State-Zip: LARGO FL 33771

Title BOARD CHAIR  
Name HUGHES, LISA  
Address 2600 E. BAY DR., 2ND FLOOR,  
205  
City-State-Zip: LARGO FL 33771

Title BOARD VICE CHAIR  
Name GUSTIN, ELENA  
Address 2600 E. BAY DR., 2ND FLOOR,  
205  
City-State-Zip: LARGO FL 33771

Title SECRETARY  
Name BECKER, NANCY  
Address 2600 E. BAY DR., 2ND FLOOR,  
205  
City-State-Zip: LARGO FL 33771

*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:** LISA HUGHES

**BOARD CHAIR**

**01/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date