

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51462

Entity Name: INDIAN RIVER COUNTY HEALTHY START COALITION, INC.**Current Principal Place of Business:**333 17TH STREET, SUITE 2R,
VERO BEACH, FL 32960**Current Mailing Address:**333 17TH STREET, SUITE 2R,
VERO BEACH, FL 32960 US**FEI Number:** 65-0363222**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAIN, KATHLEEN ED
333 17TH STREET, SUITE 2R,
VERO BEACH, FL 32960 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:** KATHLEEN CAIN

02/17/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ROBINSON, JOSEPH JR
Address 11 SNOWY EGRET WAY
City-State-Zip: SEBASTIAN FL 32958

Title CO-VICE PRESIDENT
Name MARTINEZ, CHERYL
Address 6192 56TH AVE.
City-State-Zip: VERO BEACH FL 32967

Title PRESIDENT
Name TREMML, P. GLENN DR.
Address 3905 INDIAN RIVER DRIVE
City-State-Zip: VERO BEACH FL 32963

Title CO-VICE PRESIDENT
Name CHRZAN, ADAM
Address 446 32ND AVE. SW
City-State-Zip: VERO BEACH FL 32968

Title TREASURER
Name SEEVERS, SEAN
Address 316 18TH PLACE
City-State-Zip: VERO BEACH FL 32960

Title SECRETARY
Name LLOYD, BRENDA
Address 5089 HIGHWAY A1A
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR
Name MCCORRISON, KIM
Address 150 53RD CT. SW
City-State-Zip: VERO BEACH FL 32968

Title DIRECTOR
Name PITTS, PATRICIA
Address 4475 24TH ST.
City-State-Zip: VERO BEACH FL 32966

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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: SEAN SEEVERS

TREASURER

02/17/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SAVAGE, ROBERT
Address	5380 W. HARBOR VILLAGE DR. APT 401
City-State-Zip:	VERO BEACH FL 32967