

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51462

Entity Name: INDIAN RIVER COUNTY HEALTHY START COALITION, INC.**Current Principal Place of Business:**1555 INDIAN RIVER BLVD,
SUITE B241
VERO BEACH, FL 32960**Current Mailing Address:**1555 INDIAN RIVER BLVD,
SUITE B241
VERO BEACH, FL 32960 US**FEI Number:** 65-0363222**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BERRY, ANDREA
1555 INDIAN RIVER BLVD,
SUITE B241
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:** ANDREA BERRY, EXECUTIVE DIRECTOR

04/19/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name KAPLAN, CHARLENE
Address 700 20TH STREET
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name HEALY, KATY
Address 755 BEACHLAND BLVD.
City-State-Zip: VERO BEACH FL 32963

Title VP
Name STORK-HJALMEBY, ROBYN
Address 7275 - 45TH STREET
City-State-Zip: VERO BEACH FL 32967

Title DIRECTOR
Name CAMPBELL, KAREN
Address 11 GEM ISLAND DRIVE
City-State-Zip: VERO BEACH FL 32963

Title PRESIDENT
Name RICHARDS, AUDREY DR.
Address 8388 CALAMANDRAN WAY
City-State-Zip: VERO BEACH FL 32963

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

Title CEO
Name BERRY, ANDREA
Address 4384 NE SKYLINE DR
City-State-Zip: JENSEN BEACH FL 34957

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: ANDREA BERRY

CEO

04/19/2019

Electronic Signature of Signing Officer/Director Detail

Date