#### **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N9400003115

Entity Name: HEALTHY START COALITION OF OSCEOLA COUNTY, INC.

FILED
Jan 12, 2021
Secretary of State
5273729222CC

### **Current Principal Place of Business:**

1014 PENNSYLVANIA AVENUE SAINT CLOUD. FL 34769

## **Current Mailing Address:**

PO BOX 701995

ST. CLOUD. FL 34770-1995 US

FEI Number: 59-3212535 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

MCWHIRTER, PATRICIA H 1014 PENNSYLVANIA AVENUE SAINT CLOUD, FL 34769 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 DIRECTOR Title CHAIRMAN

NameRINCON-DWYER, MARIANameBARFIELD, RUFUS DR.Address8569 RANDAL PARK BLVD.Address13914 SMOKERISE COURT

City-State-Zip: ORLANDO FL 32832 City-State-Zip: ORLANDO FL 32832

Title DIRECTOR Title TREASURER

Name BENNETT, TERESA Name HARRIS, MONIQUE

Address 2370 OAKWIND COURT Address 4727 OLD CANOE CREEK ROAD

City-State-Zip: SAINT CLOUD FL 34769 City-State-Zip: ST. CLOUD FL 34769

Title VC Title DIRECTOR

Name DANO, STACEY Name CLARKE, LINDA

Address 1485 S. SEMORAN BLVD. SUITE 1402 Address 5900 ALLIGATOR LAKESHORE, WEST

City-State-Zip: WINTER PARK FL 32792 City-State-Zip: SAINT CLOUD FL 34771

Title EXECUTIVE DIRECTOR Title DIRECTOR

Name PATRICIA , MCWHIRTER Name DORGA, YOLENE

Address 1014 PENNSYLVANIA AVENUE Address 1507 BILL BECK BLVD.

City-State-Zip: SAINT CLOUD FL 34769 City-State-Zip: KISSIMMEE FL 34744

## Continues on page 2

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: PATRICIA H. MCWHIRTER EXECUTIVE DIRECTOR 01/12/2021

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameECKWIELEN, APRILNameWHITSTON, SHANNONAddress400 CELEBRATION PLACEAddress1875 FORTUNE ROAD

City-State-Zip: CELEBRATION FL 34747 City-State-Zip: KISSIMMEE FL 34744