

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003115

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

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 CHAIRMAN
Name RINCON-DWYER, MARIA
Address 817 BILL BECK BLVD.
City-State-Zip: KISSIMMEE FL 34744

Title VC
Name BARFIELD, RUFUS DR.
Address 13914 SMOKERISE COURT
City-State-Zip: ORLANDO FL 32832

Title TREASURER
Name BENNETT, TERESA
Address 2370 OAKWIND COURT
City-State-Zip: SAINT CLOUD FL 34769

Title DIRECTOR
Name STREHLOW, ANN
Address 3934 CORVETA COURT
City-State-Zip: ORLANDO FL 32837-5855

Title DIRECTOR
Name FIGUEROA , MARITZA
Address 310 MICHIGAN ESTATES CIRCLE
City-State-Zip: ST. CLOUD FL 34769

Title DIRECTOR
Name HARRIS, MONIQUE
Address 4727 OLD CANOE CREEK ROAD
City-State-Zip: ST. CLOUD FL 34769

Title DIRECTOR
Name DANO, STACEY
Address 1485 S. SEMORAN BLVD. SUITE 1402
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR
Name VINCENT, ADRIA
Address PO BOX 701995
City-State-Zip: ST. CLOUD FL 34770-1995

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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: MARIA RINCON-DWYER

CHAIRMAN

01/20/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CLARKE, LINDA
Address 5900 ALLIGATOR LAKESHORE, WEST
City-State-Zip: SAINT CLOUD FL 34771

Title DIRECTOR
Name JOHNSON-CORNETT, BELINDA
Address 1875 FORTUNE ROAD
City-State-Zip: KISSIMMEE FL 34744