

**2014 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 D  
Name JOHNSON-CORNETT, BELINDA  
Address 1875 BOGGY CREEK RD  
City-State-Zip: KISSIMMEE FL 34744

Title D  
Name BENNETT, TERESA  
Address 2370 OAKWIND COURT  
City-State-Zip: SAINT CLOUD FL 34772

Title D  
Name BARFIELD, RUFUS MD  
Address 13914 SMOKERISE COURT  
City-State-Zip: ORLANDO FL 32832

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 O'NEAL, SHEZEL  
Address 2506 STONEWORTH CT  
City-State-Zip: ORLANDO FL 32825

**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:** DR. MARIA RINCON-DWYER

**CHAIRMAN**

**01/28/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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