

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003115

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

Current Principal Place of Business:

813 NEW YORK AVE
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:

STEPHEN, KERRI F
813 NEW YORK 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: KERRI F. STEPHEN

02/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name RINCON-DWYER, MARIA
Address 6662 BRIDGMAN STREET
City-State-Zip: ORLANDO FL 32827

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

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

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

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

Title DIRECTOR
Name RODRIGUEZ- PRADO, YAHDIRA DR.
Address 13843 TYBEE BEACH LANE
City-State-Zip: ORLANDO FL 32827

Title DIRECTOR
Name CARDONA, JULISSA
Address 1860 CASTLETON DR.
City-State-Zip: SAINT CLOUD FL 34771

Title DIRECTOR
Name ELIZABETH , PRATTS
Address 109 N. DOVERPLUM AVENUE
City-State-Zip: KISSIMMEE FL 34758

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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: KERRI STEPHEN

EXECUTIVE DIRECTOR

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STEPHEN, KERRI F
Address 813 NEW YORK AVENUE
City-State-Zip: SAINT CLOUD FL 34769

Title DIRECTOR
Name CLEVENGER, GEORGE
Address 2591 AMES HAVE ROAD
City-State-Zip: KISSIMMEE FL 34744