

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001308

FILED
Mar 19, 2004
Secretary of State

Entity Name: COALITION FOR A HEALTHY AND ACTIVE AMERICA, INC.

Current Principal Place of Business:

201 EAST KENNEDY BLVD.
SUITE 950
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 387
301 WEST PLATT STREET
TAMPA, FL 33606

New Mailing Address:

FEI Number: 61-1443701 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: BASKETTE, PARTICK
Address: 201 EAST KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33602

Title: DP () Delete
Name: HORWITZ, GABRIEL
Address: 1001 G. STREET N.W. SUITE 300E
City-St-Zip: WASHINGTON, DC 20001

Title: D () Delete
Name: MOORE, MINYON
Address: 1001 G STREET N.W. SUITE 300E
City-St-Zip: WASHINGTON, DC 20001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MINYON MOORE

D

03/19/2004

Electronic Signature of Signing Officer or Director

Date