


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90123 005 ****61.25

DOCUMENT # N04000006279

1. Entity Name
HEALTHY START COALITION OF PALM BEACH COUNTY, INC.




Principal Place of Business
 1919 N. FLAGLER DRIVE
 WEST PALM BEACH, FL 33407

Mailing Address
 1919 N. FLAGLER DRIVE
 WEST PALM BEACH, FL 33407

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01112007 Chg-NP CR2E037 (12/06)

4. FEI Number
 20-1337770 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HEPFORD, DAVID J
 1919 N. FLAGLER DRIVE
 WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TYLANDER, GIGI	
STREET ADDRESS	545 24TH STREET	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, ERIC	
STREET ADDRESS	901 NORTHPOINT PKWY, SUITE 310	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEPIANO, LINDA PH.D.	
STREET ADDRESS	1041 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, CAROLYN	
STREET ADDRESS	1901 BROADWAY	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEERING, CORY M	
STREET ADDRESS	2300 N. FLORIDA MANGO ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'MEARA, SHANE	
STREET ADDRESS	423 FERN STREET, SUITE 200	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donato, Donna	
STREET ADDRESS	4210 B N Australian Avenue	
CITY-ST-ZIP	West Palm Beach, FL 33405	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shane O'Meara **1/25/07** **561-491-0821**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #