

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006279

FILED  
Mar 17, 2011  
Secretary of State

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

**Current Principal Place of Business:**

2300 HIGH RIDGE ROAD  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

2300 HIGH RIDGE ROAD  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 20-1337770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GOSNEY, SARAH C  
2300 HIGH RIDGE ROAD  
BOYNTON BEACH, FL 33426 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:** S  
**Name:** TYLANDER, GIGI  
**Address:** 545 24TH STREET  
**City-St-Zip:** WEST PALM BEACH, FL 33407

**Title:** P  
**Name:** KELLY, ERIC  
**Address:** 7711 NORTH MILITARY TRAIL  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**Title:** D  
**Name:** KODISH, PATRICIA  
**Address:** 1001 WEST CYPRESS CREEK ROAD, SUITE 110  
**City-St-Zip:** FT. LAUDERDALE, FL 33309

**Title:** T  
**Name:** MORRISON, CAROLYN  
**Address:** 1901 BROADWAY  
**City-St-Zip:** RIVIERA BEACH, FL 33404

**Title:** VP  
**Name:** NEERING, CORY M  
**Address:** 2300 N. FLORIDA MANGO ROAD  
**City-St-Zip:** WEST PALM BEACH, FL 33409

**Title:** D  
**Name:** DONATO, DONNA  
**Address:** 4210 B N AUSTRALIAN AVE.  
**City-St-Zip:** WEST PALM BEACH, FL 33405

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:** SARAH GOSNEY

ED

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date