

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90042 045 ****61.25

DOCUMENT # N19631

1. Entity Name
FLORIDA KEYS HEALTHY START COALITION, INC.



40006055

Principal Place of Business
**1100 SIMONTON ST.
KEY WEST, FL 33040**

Mailing Address
**1100 SIMONTON ST.
KEY WEST, FL 33040**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0051482

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILIP, MICHAEL A
1100 SIMONTON ST.
KEY WEST, FL 33040**

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

[Signature]

1-20-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME DOUGLASS, KEITH
STREET ADDRESS P.O. BOX 932
CITY-ST-ZIP LONG KEY, FL 33001

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME CUNNINGHAM, MICHAEL
STREET ADDRESS 9713 OVERSEAS HIGHWAY
CITY-ST-ZIP MARATHON, FL 33050

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PHILIP, MICHAEL A
STREET ADDRESS 1100 SIMONTON ST.
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TORRENCE, STEVE
STREET ADDRESS 1215 PETRONIA ST.
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COTTRELL, CHERYL
STREET ADDRESS 91500 OVERSEAS HWY.
CITY-ST-ZIP TAVERNIER, FL 33070

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature] MICHAEL PHILIP

1/20/05