


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N19631</b>	
1. Entity Name FLORIDA KEYS HEALTHY START COALITION, INC.	

Principal Place of Business 1100 SIMONTON ST. KEY WEST, FL 33040	Mailing Address 1100 SIMONTON ST. KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0051482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  NESBITT, ARIANNA 1100 SIMONTON ST. KEY WEST, FL 33040
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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 _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP DOUGLASS, KEITH P.O. BOX 932 LONG KEY, FL 33001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUNNINGHAM, MICHAEL 9713 OVERSEAS HIGHWAY MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALSH, LINDA 1100 SIMONTON ST. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WINTERMYER P.O. BOX 747 LONG KEY, FL 33001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COTTRELL, CHERYL 91500 OVERSEAS HWY. TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	1/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #