

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46091

FILED
Jan 05, 2011
Secretary of State

Entity Name: NORTHEAST FLORIDA HEALTHY START COALITION, INC.

Current Principal Place of Business:

644 CESERY BLVD.
SUITE 210
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

644 CESERY BLVD.
SUITE 210
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-3139801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADY, CAROL
644 CESERY BOULEVARD
210
JACKSONVILLE, FL 32211 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: CH
Name: ASAY, LINDA
Address: 82 MARSH CREEK ROAD
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VCH
Name: BAKER, STEPHEN
Address: 2800 UNIVERSITY BLVD NORTH
City-St-Zip: JACKSONVILLE, FL 32211

Title: T
Name: ROWAN, HELEN
Address: 1301 RIVERPLACE BLVD SUITE 2300
City-St-Zip: JACKSONVILLE, FL 32207

Title: S
Name: MILLSON, JAY
Address: 555 BISHOP GATE LANE
City-St-Zip: JACKSONVILLE, FL 32204

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: CAROL BRADY

ED

01/05/2011

Electronic Signature of Signing Officer or Director

Date