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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 APR 13 PM 2:37

DOCUMENT # N47517 (0)

1. Corporation Name

CENTRAL HEALTHY START, INCORPORATED

Principal Place of Business	Mailing Address
11 W. UNIVERSITY AVE. SUITE 7 GAINESVILLE FL 32601	11 W. UNIVERSITY AVE. SUITE 7 GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3119439 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GORMLEY, CAROL J.
11 W. UNIVERSITY AVE.
SUITE 7
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PD	☒ Change ☐ Addition
NAME	MICHELS, DR. KEN	12 NAME	MARTIN, HARRIET	
STREET ADDRESS	2104 CR 412B	13 STREET ADDRESS	300 SOUTH MAIN STREET	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	14 CITY-ST-ZIP	BROOKSVILLE, FL	
TITLE	D	21 TITLE	VD	☒ Change ☐ Addition
NAME	WHITE, CHESTER	22 NAME	OLIVER, LYNNE	
STREET ADDRESS	110 N. APOPKA	23 STREET ADDRESS	242 NE 7TH TERRACE	
CITY-ST-ZIP	INVERNESS FL	24 CITY-ST-ZIP	CRYSTAL RIVER, FL	
TITLE	D	31 TITLE	SD	☒ Change ☐ Addition
NAME	SOULIERE, CLAIRE	32 NAME	LIBBERT, SUSAN	
STREET ADDRESS	421 W. MAIN ST.	33 STREET ADDRESS	11924 LANE PARK ROAD	
CITY-ST-ZIP	TAVARES FL	34 CITY-ST-ZIP	TAVARES, FL	
TITLE	D	41 TITLE	TD	☒ Change ☐ Addition
NAME	SMITH, MARY	42 NAME	ROBINSON, SHELLY	
STREET ADDRESS	300 S. MAIN ST.	43 STREET ADDRESS	1489 S. US HWY 301	
CITY-ST-ZIP	BROOKSVILLE FL	44 CITY-ST-ZIP	SUMTERVILLE, FL	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, ALMEDA	52 NAME		
STREET ADDRESS	201 PITT	53 STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD FL 34785	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	BRAYTON, JUDY	62 NAME		
STREET ADDRESS	300 S. MAIN ST.	63 STREET ADDRESS		
CITY-ST-ZIP	BROODSVILLE FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harriet B. Martin March 13, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000261B