

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
02/24/1992

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD MARTIN, HARRIET**
STREET ADDRESS **300 SOUTH MAIN STREET**
CITY-ST-ZIP **BROOKSVILLE FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD KNIPP, ALANN**
1.3 STREET ADDRESS **8000 SPRING DRIVE**
1.4 CITY-ST-ZIP **YALAHUA FL**

TITLE ☐ DELETE
NAME **VD OLIVER, LYNNE**
STREET ADDRESS **242 NE 7TH TERRACE**
CITY-ST-ZIP **CRYSTAL RIVER FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VD FOREMAN, SUSAN**
2.3 STREET ADDRESS **4201 TAMPICO TRAIL**
2.4 CITY-ST-ZIP **SPRING HILL FL**

TITLE ☐ DELETE
NAME **SD LIBBERT, SUSAN**
STREET ADDRESS **11924 LANE PARK ROAD**
CITY-ST-ZIP **TAVARES FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **SD DIXON, LAURA**
3.3 STREET ADDRESS **502 HIGHLAND BLVD**
3.4 CITY-ST-ZIP **INVERNESS FL**

TITLE ☐ DELETE
NAME **TD ROBINSON, SHELLEY**
STREET ADDRESS **1489 S US HWY 301**
CITY-ST-ZIP **SUMTERVILLE FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **TD LLOYD, CHARLES**
4.3 STREET ADDRESS **33926 SABAL WAY**
4.4 CITY-ST-ZIP **LEESBURG FL**

TITLE ☐ DELETE
NAME **D WILLIAMS, ALMEDA -**
STREET ADDRESS **201 PRT - - -**
CITY-ST-ZIP **WILDWOOD FL 34785 -**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D BRAYTON, JUDY -**
STREET ADDRESS **300 S-MAIN ST-**
CITY-ST-ZIP **BROODSVILLE FL - -**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96
Date

(352) 955-2264
Daytime Phone #

CR2E037 (12/95)

D
YVONNE SCOTT
1139 MERRICK AVE. NW
PALM BAY FL. 32907

NB.....RSD = Recording Secretary & Director

CMD = Cricket Manager & Director

CCD = Cricket Captain & Director