# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 19, 2004**
**Secretary of State**

DOCUMENT# N47517

**Entity Name:** CENTRAL HEALTHY START, INCORPORATED

**Current Principal Place of Business:**

18 NW 33RD COURT
GAINESVILLE, FL 32607 US

**New Principal Place of Business:**

**Current Mailing Address:**

18 NW 33RD COURT
GAINESVILLE, FL 32607 US

**New Mailing Address:**

**FEI Number: 59-3119439** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ORSINI, EDITH M
18 NW 33RD COURT
GAINESVILLE, FL 32607 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: VD ( ) Delete
Name: MOORE, PAM
Address: 502 HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 344524754 US

Title: PD ( ) Delete
Name: RAGS, JEAN
Address: 20 N MAIN STREET ROOM 202
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: SD ( ) Delete
Name: OSBORNE, GLENNA
Address: 1300 DUNCAN DRIVE BLDG D
City-St-Zip: TAVARES, FL 32778 US

Title: TD ( ) Delete
Name: ALVEY, VICKEY
Address: 1601 W. GULF ATLANTIC HWY
City-St-Zip: WILDWOOD, FL 34785 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: RAGS, JEAN
Address: 20 N MAIN STREET ROOM 202
City-St-Zip: BROOKSVILLE, FL 346012817 US

Title: SD (X) Change ( ) Addition
Name: OSBORNE, GLENNA
Address: 1300 DUNCAN DRIVE
City-St-Zip: TAVARES, FL 32778 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: EDITH M. ORSINI ED 02/19/2004

Electronic Signature of Signing Officer or Director — Date