

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47517

FILED  
Mar 17, 2005  
Secretary of State

**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:**

OLIVA, STEVEN J  
18 NW 33RD COURT  
GAINESVILLE, FL 32607 US

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: STEVEN J. OLIVA

03/17/2005

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 346012817 US

Title: SD ( ) Delete  
Name: OSBORNE, GLENNA  
Address: 1300 DUNCAN DRIVE  
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: PD (X) Change ( ) Addition  
Name: MOORE, PAM  
Address: 502 HIGHLAND BLVD  
City-St-Zip: INVERNESS, FL 344524754 US

Title: TD (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: EVERETT, JUDY  
Address: 900 EMERSON ROAD  
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: TD (X) Change ( ) Addition  
Name: LLOYD, CHARLES  
Address: 130 ESSEX STREET  
City-St-Zip: MOUNT DORA, FL 32757 US

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: STEVEN J. OLIVA

ED

03/17/2005

Electronic Signature of Signing Officer or Director

Date