

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47517

FILED
Feb 28, 2007
Secretary of State

Entity Name: CENTRAL HEALTHY START, INCORPORATED

Current Principal Place of Business:

1015 NW 56TH TERRACE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

1785 NW 80TH BLVD
GAINESVILLE, FL 32606 US

Current Mailing Address:

1015 NW 56TH TERRACE
GAINESVILLE, FL 32605 US

New Mailing Address:

1785 NW 80TH BLVD
GAINESVILLE, FL 32606 US

FEI Number: 59-3119439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVA, STEVEN J
1015 NW 56TH TERRACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

OLIVA, STEVEN J
1785 NW 80TH BLVD
GAINESVILLE, FL 32606 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

02/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOORE, PAM
Address: 502 W. HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 344524754 US

Title: TD () Delete
Name: RAGS, JEAN
Address: 20 N MAIN STREET ROOM 202
City-St-Zip: BROOKSVILLE, FL 346012817 US

Title: SD () Delete
Name: EVERETT, JUDY
Address: 900 EMERSON ROAD
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: VD () Delete
Name: LLOYD, CHARLES
Address: 130 ESSEX STREET
City-St-Zip: MOUNT DORA, FL 32757 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EVERETT, JUDITH
Address: 900 EMERSON ROAD
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: TD (X) Change () Addition
Name: LETURNO, MARGIE
Address: 502 HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452 US

Title: SD (X) Change () Addition
Name: HOEKMAN, KRIS
Address: 18830 US HWY 441
City-St-Zip: MOUNT DORA, FL 32757 US

Title: VD (X) Change () Addition
Name: LOOMIS, SUE
Address: 10461 QUALITY DRIVE
City-St-Zip: SPRING HILL, FL 34609 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

RA

02/28/2007

Electronic Signature of Signing Officer or Director

Date