


FILE NOW: FILING FEE IS \$61.25

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Feb 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47606** (1)

1. Corporation Name

**HEALTHY START COALITION OF SOUTHWEST FLORIDA, IN  
C.**

Principal Place of Business

Mailing Address

**19922 VICTOIRA AVENUE  
STE. B  
FT MYERS FL 33901-3431**

**19922 VICTOIRA AVENUE  
STE. B  
FT MYERS FL 33901**

3. Date Incorporated or Qualified **02/27/1992** 3a. Date of Last Report **03/06/1996**

2. Principal Place of Business	2a. Mailing Address
21 <b>1922 Victoria Avenue</b>	26 <b>1922 Victoria Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>Suite B</b>	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29 <b>33901-3431</b> 30

4. FEI Number <b>65-0378720</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FINNEGAN, JOSEPH D.  
19922 VICTORIA AVE.  
STE. B  
FT MYERS FL 33901-3431**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>1922 Victoria Avenue</b>
83
84 City
<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 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	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRY, FRANK MD</b>	1.2 NAME	
STREET ADDRESS	<b>1454 W. MADISON AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>IMMOKALEE FL 33934</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>YARGER, MARGE</b>	2.2 NAME	<b>DON GERBERICH</b>
STREET ADDRESS	<b>1676 NEUREMBERG BLVD.</b>	2.3 STREET ADDRESS	<b>9981 Health Park Circle # 276</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33983</b>	2.4 CITY-ST-ZIP	<b>FORT MYERS FLORIDA 33908</b>
TITLE	<b>TD</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARNALL, ANN</b>	3.2 NAME	<b>KATHY BRIDGE</b>
STREET ADDRESS	<b>83 PONDELLA RD., STE. 1</b>	3.3 STREET ADDRESS	<b>9800 Health Park Circle # 205</b>
CITY-ST-ZIP	<b>N. FT. MYERS FL 33903</b>	3.4 CITY-ST-ZIP	<b>FORT MYERS FLORIDA 33908</b>
TITLE	<b>SD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEGGE, NORMA</b>	4.2 NAME	
STREET ADDRESS	<b>3625 FOWLER ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL 33901</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS SANDRA</b>	5.2 NAME	
STREET ADDRESS	<b>1133 GUN CLUB ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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**-02/19/97--01081--020**  
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14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)

Healthy Start Coalition of Southwest Florida  
FEI No. 65-0378720  
1997 Annual Report - Block 13  
Additional Changes / Additions to Officers and Directors  
Current Directors

D

Ms. Frances Canty  
Moore Haven Elementary School  
P.O. BOX 160  
Moore Haven Florida 33471

D

Ms. Mary Schulthess  
Health Planning Council of SW FL, Inc.  
9250 College Parkway, Suite 3  
Fort Myers Florida 33919

D

Ms. Phyllis Estes  
Florida Outreach & Parenting Program  
3384 Balboa Circle  
Naples Florida 34105

D

Ms. Teddi Fernandez  
  
16011 Carver Gardens Drive  
Fort Myers Florida 33908

D

Ms. Patricia Gulley  
Collier CPHU  
P.O. Box 428  
Naples Florida 34106

D

Ms. Lenette Leyva  
HRS/ First Steps  
P.O.Box 1505  
Clewiston Florida 33440

D

Ms. Brenda Listowski  
Easter Seals Society  
5842 Corporation Circle  
Fort Myers Florida 33905

D

Dr. William Liu  
Associates in Neonatology  
9981 Health Park Circle, Suite 281  
Fort Myers Florida 33908

D

Ms. Judy Paskvan  
Glades CPHU  
P.O. Box 489  
Moore Haven Florida 33471