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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

1922 VICTORIA AVENUE
STE. B
FT MYERS FL 33901-3431

1922 VICTORIA AVENUE
STE. B
FT MYERS FL 33901-3431



3. Date Incorporated or Qualified

02/27/1992

4. FEI Number

65-0378720

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1922 Victoria Ave.

26 1922 Victoria Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite B

27 Suite B

City & State

City & State

23 Ft. Myers, FL

28 Ft. Myers, FL

Zip

Country

Zip

Country

24 33901-3431

25 Lee

29 33901-3431

30 Lee

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINNEGAN, JOSEPH D.
1922 VICTORIA AVE.
STE. B
FT MYERS FL 33901-3431

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 617.1508, 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 PD ☐ DELETE
NAME BARRY, FRANK MD
STREET ADDRESS 1454 W. MADISON AVE.
CITY-ST-ZIP IMMOKALEE FL 33934

TITLE VD ☐ DELETE
NAME GERBERICH, DON
STREET ADDRESS 9981 HEALTH PARK CIRCLE #276
CITY-ST-ZIP FORT MYERS FL 33908

TITLE TD ☐ DELETE
NAME BRIDGE, KATHY
STREET ADDRESS 9800 HEALTH PARK CIRCLE #205
CITY-ST-ZIP FORT MYERS FL 33908

TITLE SD ☐ DELETE
NAME HEGGE, NORMA
STREET ADDRESS 8625 FOWLER ST.
CITY-ST-ZIP FT. MYERS FL 33901

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

102 S.W. 59th Street
Cape Coral, FL 33914

14. I 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.

SIGNATURE: *Norma Hegge* **NOTARIES REQUIRED**

1/28/98

CR2E037 (10/97)

Healthy Start Coaliton 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
Redlands Christian Migrant Association
2420 Gardner Road
Alva FL 33920

D

Ms. Janet Harvey
Program Administrator
Dept of Children & Families
P.O.Box 1960
LaBelle Florida 33975

D

Ms. Cher Compton
TBORCC, Inc.
198-A Carribean Rd.
Naples FL 34108

D

Ms. Barbara Johnson
Modern Air Conditioning
1568 Morgan Road SE
Fort Myers Florida 33912

D

Beth Drouin
Child Care of SouthWest Florida,
3625 Fowler Street
Ft. Myers FL 33901

D

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

D

Ms. Teddi Fernandez
Teacher
16011 Carver Gardens Drive
Fort Myers FL 33908

D

Martha Valiant
Director
Hendry / Glades County Health Dept.
P.O. Box 70
LaBelle FL 33975

D

Mrs. Patricia Gulley
Healthy Start Coordinator
Collier County Health Dept.
P.O. Box 429
Naples Florida 34106