FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N47606

1. Corporation Name

HEALTHY START COALITION OF SOUTHWEST FLORIDA, IN

Principal Place of Business	
1922 VICTORIA AVE	
Suite B	
FT MYERS FL 33901-3431	
US	

Mailing Address

1922 VICTORIA AVE

FILED Apr 29, 1999 8:00 am § Secretary of State

04-29-1999 90264 002 ****70.00



SUITE B FT MYERS FL	33901-3431	Suite B Ft Myers Fl 33901-3431					
US		US					
2. Principal Pl	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 02/27/1992			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For		
22		27		65-0378720	Not Applicable		
City & State	e -	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip	- Country	Zip Zip	Country	6. Election Campaign Financing	\$5,00 May Be		
24	25	29 3	¬ '	Trust Fund Contribution	Added to Fees		
241	9. Name and Address of Current			10. Name and Address of New Registered	Agent		
	N, JOSEPH D. FORIA AVE.		82 Street Ad	Latherine Cortez Idress (P.O. Box Number is Not Acceptable) 12 Victoria Ave.			
FT MYERS	S FL 33901-3431		84 City		85 Zip Code		
<u> </u>			1 77	. Myers FI	<u> 3396/</u>		
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	Signature, typed or printed name guegistered agen	t and title if applicable. (NOTE: Re	egistered Agent signature requ				
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PD	DELETE		2D	Change 🔀 Addition		
NAME	BARRY, FRANK MD			Andert-Schmidt, Darle	ne		
STREET ADDRESS	1454 W. MADISON AVE.		1.3 STREET ADDRESS	2562 SW 27 Place			
CITY-ST-ZIP	IMMOKALEE FL 33934	DELETE	1.4 CITY-ST-ZIP	Cope Coral, FL 33914 Johnson, Borbara	☐ Change		
TITLE	OCCUREDICAL DOM	N DELETE			C) Givening (2)		
NAME	GERBERICH, DON	776	2.3 STREET ADDRESS	1568 Morgan Rd, SE			
STREET ADDRESS	9981 HEALTH PARK CIRCLE #7 FORT MYERS FL 33908	2/0 `		+. Myers, FL 33912			
CITY-ST-ZIP	TD -	□ DELETE	3.1 TITLE	3	☐ Change ☐ Addition		
NAME	BRIDGE, KATHY		3.2 NAME				
STREET ADDRESS.	9800 HEALTH PARK CIRCLE #2	205	3.3 STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS FL 33908		3.4. CITY-ST-ZIP				
TITLE	SD	DELETE	4.1 TILE 5D 1	Valiant, Martha MD	☐ Change 🔼 Addition		
NAME	HEGGE, NORMA	-	4. 2 NAME	325 Pratt Blvd.			
STREET ADDRESS	102 SW 59TH ST		4.3 STREET ADDRESS	La Belle, FL 33935			
CITY-ST-ZIP	CAPE CORAL FL 33914	Cl nel exe	4.4 CITY-ST-ZIP	La Delle, LE 33/33	Change Addition		
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		□ outride □ vodition		
NAME			5.3 STREET ADDRESS				
STREET ADDRESS			5.4 CITY-ST-ZIP				
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME				
1			6.3 STREET ADDRESS				
CITY-ST-ZIP	n sy dramania i		6.4 CITY-ST-ZIP				

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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 of changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: