


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90010 031 ****70.00

DOCUMENT # N47606					
1. Entity Name HEALTHY START COALITION OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 1922 VICTORIA AVE SUITE B FT MYERS, FL 33901-3431 US			Mailing Address 1922 VICTORIA AVE SUITE B FT MYERS, FL 33901-3431 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0378720	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORTEZ, CATHERINE 1922 VICTORIA AVE. STE. B FT MYERS, FL 33901-3431			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Catherine Cortez</i>			DATE 1-11-06		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input checked="" type="checkbox"/> Delete	
PO	ROKUSEK, CECILIA	FLA GCU - 1050 FGCU BLVD. S.	FORT MYERS, FL 33965		
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete	
TD	GOBY, SUE ANN	800 SEAGATE DRIVE SUITE 202	NAPLES, FL 34103		
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input checked="" type="checkbox"/> Delete	
VP	ELLER, STEPHEN	27295 RIVERVIEW CENTEE BLVD. #100	BONITA SPRINGS, FL 34134		
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete	
SD	LILES, ESQ., PAUL E	4315 METRO PKWY, SUITE 510	FORT MYERS, FL 33916		
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
President	Eller, Stephen	9180 Estero Park Commons- Ste 8	Estero, FL 33928		
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
Vice-President	Barnhart, Juanita	Henry Co. Health Dept. Childrens. Med. Svs	P.O. Box 70- LaBelle, FL 33975		
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Stephen Eller</i>			DATE: 1/9/06		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

40021370





ATTACHMENT

40021070

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2006

HEALTHY START COALITION OF SOUTHWEST FLORIDA, INC.
1922 VICTORIA AVE
SUITE B
FT MYERS, FL 33901-3431 US

Subject: **HEALTHY START COALITION OF SOUTHWEST FLORIDA, INC.**

Reference Number: **N47606**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CC

ANNUAL REPORTS SECTION

RECEIVED - 1/31/06
JAN 31 2006
P.O. BOX 6327 - TALLAHASSEE, FL 32314