

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 20, 2007
Secretary of State

DOCUMENT# N47606

Entity Name: HEALTHY START COALITION OF SOUTHWEST FLORIDA, INC.**Current Principal Place of Business:**1921 JEFFERSON AVE
FT MYERS, FL 33901 US**New Principal Place of Business:****Current Mailing Address:**1921 JEFFERSON AVE
FT MYERS, FL 33901 US**New Mailing Address:****FEI Number:** 65-0378720**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORTEZ, CATHERINE
1921 JEFFERSON AVE
FT MYERS, FL 33901 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: BARNHART, JUANITA
Address: PO BOX 70
City-St-Zip: LABELLE, FL 33975**Title:** VP () Delete
Name: GOBY, SUE
Address: 800 SEAGATE DRIVE - SUITE 202
City-St-Zip: NAPLES, FL 34103**Title:** SD () Delete
Name: LILES, ESQ., PAUL E
Address: 4315 METRO PKWY. SUITE 510
City-St-Zip: FORT MYERS, FL 33916**Title:** TREA () Delete
Name: YATES, DAVID
Address: 2283 MAIN STREET
City-St-Zip: FORT MYERS, FL 33901**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change () Addition
Name: GOBY, SUE
Address: 800 SEAGATE DRIVE, SUITE 202
City-St-Zip: NAPLES, FL 34103**Title:** VP (X) Change () Addition
Name: YATES, DAVID
Address: 2283 MAIN STREET
City-St-Zip: FORT MYERS, FL 33901**Title:** SEC (X) Change () Addition
Name: DUENAS, ANITA
Address: 4694 MICASA COURT
City-St-Zip: FORT MYERS, FL 33901**Title:** TREA (X) Change () Addition
Name: SUTTON, PATRICIA
Address: 1639 HENDRY STREET
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify 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: SUE GOBY

PRES

09/20/2007

Electronic Signature of Signing Officer or Director

Date