2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47606

FILED Jaņ 16, 2<u>00</u>9 Secretary of State

Entity Name: HEALTHY START COALITION OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

1921 JEFFERSON AVE FT MYERS, FL 33901 US

Current Mailing Address: New Mailing Address:

1921 JEFFERSON AVE FT MYERS, FL 33901 US

FEI Number: 65-0378720 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORTEZ, CATHERINE 1921 JEFFERSON AVE US FT MYERS, FL 33901

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS: PRES () Delete

(X) Change () Addition GOBY, SUE Name: GORY SUF Name:

800 SEAGATE DRIVE, SUITE 202 Address: 2811 66TH STREET SW Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34105

Title: Title: () Delete () Change () Addition

Name: YATES, DAVID Name: Address: 2283 MAIN STREET Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip:

Title: SEC () Delete Title: SEC (X) Change () Addition

DUENAS, ANITA YEVICK, JUDITH Name: Name: 4694 MICASA COURT Address:

Address: 3635 BONITA BEACH ROAD City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: BONITA SPRINGS, FL 34134

Title: TREA () Delete Title: TREA (X) Change () Addition Name: SUTTON, PATRICIA Name: SUTTON, PATRICIA

12670 CREEKSIDE LAND, SUITE 101 Address: 1639 HENDRY STREET Address:

City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: FORT MYERS, FL 33919

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: CATHY CORTEZ DIR 01/16/2009