

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47606

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**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:**

TIMUTA, CATHERINE DIR  
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: S  
Name: ELLER, STEPHEN  
Address: 9180 ESTERO PARK COMMONS, #8  
City-St-Zip: ESTERO, FL 33928

Title: VP  
Name: SUTTON, PATRICIA  
Address: 12670 CREEKSIDE LANE  
City-St-Zip: FORT MYERS, FL 33919

Title: T  
Name: RODEN, KATHLEEN  
Address: 125 OAKSIDE STREET  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: P  
Name: YEVICK, JUDITH  
Address: 1454-4 PARK SHORE CIRCLE  
City-St-Zip: FORT MYERS, FL 33901

I hereby 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 all other like empowered.

SIGNATURE: JUDITH YEVICK

P

03/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date