


**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # N47678</b>				01-22-2007 90089 038 ****70.00	
<b>1. Entity Name</b> HEALTHY START COALITION OF HARDEE, HIGHLANDS AND POLK COUNTIES, INC.					
<b>Principal Place of Business</b> 301 3RD STREET N.W. SUITE 200 WINTER HAVEN, FL 33881 US			<b>Mailing Address</b> 301 3RD STREET N.W. SUITE 200 WINTER HAVEN, FL 33881 US		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
LOCICERO, DEBRA 930 E. PARKER STREET., STE 306 LAKELAND, FL 33801			Name <u>Ann Hamilton</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<u>101 Avenue O, SE</u>		
			City <u>Winter Haven</u> <b>FL</b>		Zip Code <u>33880</u>
<b>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.</b>					
SIGNATURE <u>Ann Hamilton</u>			<u>Education Director</u> <u>President</u>		DATE <u>1/18/07</u>
Filing Fee is \$61.25 Due by May 1, 2007			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		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOCICERO, DEBRA 930 E. PARKER STREET, STE. 306 LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ann Hamilton 101 Avenue O, SE Winter Haven, FL 33888	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHRISSY, CHRISSY 2634 HICKORY RIDGE DRIVE LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kelly Jean Johnson 1200 W Avon Blvd., Ste. 109 Avon Park, FL 33825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANN, HAMILTON 101 AVENUE O, SE WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Nancy Zachary 1800 N. Fonda Road Avon Park, FL 33825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KATHY, KEIFLING 119 SPORTSMAN AVENUE SEBRING, FL 33875	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
SIGNATURE: <u>Ann Hamilton</u>			<u>President</u> <u>1/18/07</u> <u>8632947026</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		