

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47678

FILED  
Feb 21, 2008  
Secretary of State

**Entity Name:** HEALTHY START COALITION OF HARDEE, HIGHLANDS AND POLK COUNTIES, INC.

**Current Principal Place of Business:**

301 3RD STREET N.W.  
SUITE 200  
WINTER HAVEN, FL 33881 US

**New Principal Place of Business:**

**Current Mailing Address:**

301 3RD STREET N.W.  
SUITE 200  
WINTER HAVEN, FL 33881 US

**New Mailing Address:**

**FEI Number:** 59-3167649      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

HAMILTON, ANN  
101 AVE O, SE  
WINTER HAVEN, FL 33880 US

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

JOHNSON, KELLY  
1200 W. AVON BLVD.  
109  
AVON PARK, FL 33825 US

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: KELLY JOHNSON

02/21/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOCICERO, DEBRA  
Address: 101 AVE O, SE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: V ( ) Delete  
Name: JOHNSON, KELLY JEAN  
Address: 1200 W AVON BLVD., STE 109  
City-St-Zip: AVON PARK, FL 33825

Title: T ( ) Delete  
Name: ZACHARY, NANCY  
Address: 1800 N. FONDA RD  
City-St-Zip: AVON PARK, FL 33825

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JOHNSON, KELLY  
Address: 1200 W. AVON BLVD.  
City-St-Zip: AVON PARK, FL 33825

Title: V (X) Change ( ) Addition  
Name: ZACHARY, NANCY  
Address: 1800 N. FONDA ROAD  
City-St-Zip: AVON PARK, FL 33825

Title: T (X) Change ( ) Addition  
Name: DUTCHER, WANDA  
Address: PO BOX 24688  
City-St-Zip: LAKELAND, FL 33801

Title: S ( ) Change (X) Addition  
Name: MCCLURE, GINGER  
Address: 319 W. CENTER AVENUE  
City-St-Zip: SEBRING, FL 33870

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: KELLY JOHNSON

P

02/21/2008

Electronic Signature of Signing Officer or Director

Date