

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47678

FILED
Apr 14, 2009
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:

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

Name and Address of New Registered Agent:

ZACHARY, NANCY
100 E. MAIN STREET
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: NANCY ZACHARY

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: T () Delete
Name: DUTCHER, WANDA
Address: PO BOX 24688
City-St-Zip: LAKE LAND, FL 33801

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZACHARY, NANCY
Address: 100 E. MAIN STREET
City-St-Zip: AVON PARK, FL 33825

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MOORE, DANA
Address: PO BOX 4745
City-St-Zip: WINTER HAVEN, FL 33885

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: NANCY ZACHARY

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date