

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47682** (2)

1. Corporation Name

**HEALTHY START PRENATAL AND INFANT HEALTH CARE CO
ALITION OF PALM BEACH COUNTY, INC.**



Principal Place of Business

**1500 N FLORIDA MANGO
#3
WEST PALM BEACH FL 33409
US**

Mailing Address

**1500 N FLORIDA MANGO RD
#3
WEST PALM BEACH FL 33409
US**

3. Date Incorporated or Qualified
03/03/1992

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0327765

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CLEMENS, KATHLEEN
3111 S. DIXIE HIGHWAY
SUITE #150
WEST PALM BEACH FL 33405**

10. Name and Address of New Registered Agent

81 Name **CLEMENS, KATHLEEN**
82 Street Address (P.O. Box Number is Not Acceptable)
1500 N. Florida Mango Road, Suite #3
83
84 City **West Palm Beach** FL 85 Zip Code **33409**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DIRECTOR	HACKETT, BEVERLY	3111 S. DIXIE HIGHWAY, SUITE 243	WEST PALM BEACH FL	<input checked="" type="checkbox"/>
DIRECTOR	DENT-KENNEDY, CYNTHIA	PO BOX 29 N/A	WEST PALM BEACH FL	<input type="checkbox"/>
TRUSTEE/ DIRECTOR	MARY FAQUIR,	6911 CARISSA CIRCLE	LAKE CLARKE SHORES FL 33406	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
DIRECTOR	Eleanor Weinstock	525 S. Flagler Drive, #12-C	West Palm Beach, FL 33401	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	Paige Stuhr	900 54th Street	West Palm Beach, FL 33406	<input type="checkbox"/>	<input checked="" type="checkbox"/>
President	Dent-Kennedy, Cynthia	PO Box 29 N/A	West Palm Beach, FL 33402	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: **Cynthia Dent-Kennedy**, Cynthia Dent-Kennedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

Date

Daytime Phone *

CR2E037 (12/95)