

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90016 049 ****70.00

DOCUMENT # N49152

1. Entity Name
MARTIN COUNTY HEALTHY START COALITION, INC.



Principal Place of Business
**2026 SE OCEAN BLVD
STUART, FL 34996 US**

Mailing Address
**2026 SE OCEAN BLVD
STUART, FL 34996 US**

40094828



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0359999

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLDS, LISA
2026 SE OCEAN BLVD
STUART, FL 34996**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE Lisa Olds Executive Director
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DV** ☒ Delete
NAME **SINCLAIR, LORNA**
STREET ADDRESS **4399 SE ROBERTSON ROAD**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **DP** ☒ Change ☐ Addition
NAME **Steele, Darren**
STREET ADDRESS **3601 SE Ocean Blvd, Suite 004**
CITY-ST-ZIP **Stuart, FL 34956**

TITLE **DP** ☒ Delete
NAME **LANDRY, BONNIE**
STREET ADDRESS **336 RIDGE LANE**
CITY-ST-ZIP **STUART, FL 34994**

TITLE **DP** ☒ Change ☐ Addition
NAME **MAJOR, KIM**
STREET ADDRESS **830 Martin Luther King Blvd.**
CITY-ST-ZIP **STUART, FL 34994**

TITLE **DS** ☒ Delete
NAME **JOSIE, ANNA**
STREET ADDRESS **5017 SE ELISABELITA AVE**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **DS** ☒ Change ☐ Addition
NAME **Christina Kaiser**
STREET ADDRESS **10570 S. Federal Hwy. Ste 30**
CITY-ST-ZIP **Port St. Lucie, FL 34952**

TITLE **DT** ☐ Delete
NAME **ABRAMOWICZ, GARY**
STREET ADDRESS **4958 SW LAKE GROOVE CIRCLE**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **DT** ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS **SAME**
CITY-ST-ZIP **SAME**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: Gary Abramowicz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07
Date Daytime Phone #