

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49152

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** MARTIN COUNTY HEALTHY START COALITION, INC.

**Current Principal Place of Business:**

2026 SE OCEAN BLVD  
STUART, FL 34996 US

**New Principal Place of Business:**

**Current Mailing Address:**

2026 SE OCEAN BLVD  
STUART, FL 34996 US

**New Mailing Address:**

**FEI Number:** 65-0359999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: STEELE, DARREN  
Address: 3601 SE OCEAN BLVD STE 004  
City-St-Zip: STUART, FL 34956

Title: DVP ( ) Delete  
Name: MAJOR, KIM  
Address: 830 MARTIN LUTHER KING BLVD  
City-St-Zip: STUART, FL 34994

Title: DS ( ) Delete  
Name: KAISER, CHRISTINA  
Address: 10570 S FREDRAL HWY STE 30  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: DT (X) Delete  
Name: ABRAMOWICZ, GARY  
Address: 4958 SW LAKE GROOVE CIRCLE  
City-St-Zip: PALM CITY, FL 34990

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

Title: DP (X) Change ( ) Addition  
Name: CAMPBELL, LC  
Address: 5300 SE SCHOONER OAKS WAY  
City-St-Zip: STUART, FL 34997

Title: DVPT (X) Change ( ) Addition  
Name: MAJOR, KIM  
Address: 830 MARTIN LUTHER KING BLVD  
City-St-Zip: STUART, FL 34994

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

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

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: EVETTE CAMACHO

FISC

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date