2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N49202

Entity Name: ORANGE COUNTY HEALTHY START COALITION, INC.

Current Principal Place of Business:

600 COURTLAND STREET
SUITE #565
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

600 COURTLAND STREET
SUITE #565
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 59-3125675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUTHERLAND, LINDA
600 COURTLAND STREET
SUITE #565
ORLANDO, FL 32804 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: C ( ) Delete
Name: THIBODAUX, BETH
Address: 2400 BEDFORD ROAD 2ND FLOOR
City-St-Zip: ORLANDO, FL 32803

Title: S ( ) Delete
Name: MARTIN, ANDRIA
Address: 200 N. LAKEMONT AVENUE
City-St-Zip: WINTER PARK, FL 32792

Title: VC ( ) Delete
Name: ADAMS, JENNIFER
Address: 1172 JESSAMINE LAKE CT
City-St-Zip: ORLANDO, FL 32806

Title: T ( ) Delete
Name: MCGILL, REGINALD
Address: 400 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LINDA SUTHERLAND ED 03/20/2009

Electronic Signature of Signing Officer or Director — Date