

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000426 (8)

1. Corporation Name

SEMINOLE COUNTY HEALTHY START COALITION, INC.



Principal Place of Business

Mailing Address

1155 S. SEMORAN BLVD.
SUITE 1111
WINTER PARK FL 32792

1155 S. SEMORAN BLVD.
SUITE 1111
WINTER PARK FL 32792

3. Date Incorporated or Qualified

11/23/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3178724

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

City & State

24

Zip

Country

28

Zip

Country

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

10. Name and Address of New Registered Agent

DEJU, JORGE
400 W AIRPORT BLVD.
SANFORD FL 32773

81 Name

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

83

84 City

FL

85 Zip Code

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 PD ☐ DELETE
NAME DEJU, JORGE
STREET ADDRESS 400 W AIRPORT BLVD.
CITY-ST-ZIP SANFORD FL

TITLE D ☒ DELETE
NAME REINER, RICHARD
STREET ADDRESS 601 E ALTAMONTE AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE D ☐ DELETE
NAME RAVELO, JUAN
STREET ADDRESS 1403 MEDICAL PLAZA DR.
CITY-ST-ZIP SANFORD FL 32771

TITLE TD ☐ DELETE
NAME BERKO, JIM
STREET ADDRESS 417 WHOOPING LOOP
CITY-ST-ZIP ALTAMONTE SPRINGS

TITLE D ☐ DELETE
NAME CAHILL, DENNIS
STREET ADDRESS 2472 PARK AVE.
CITY-ST-ZIP SANFORD FL

TITLE D ☐ DELETE
NAME BLACK, GLORIA
STREET ADDRESS PO BOX 951636 N/A
CITY-ST-ZIP LAKE MARY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Deju, Jorge
1.3 STREET ADDRESS 400 W. Airport Blvd.
1.4 CITY-ST-ZIP Sanford, FL 32773

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME Ravelo, Juan
2.3 STREET ADDRESS 1403 Medical Plaza Drive
2.4 CITY-ST-ZIP Sanford, FL 32771

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Berko, Jim
3.3 STREET ADDRESS 417 Whooping Loop
3.4 CITY-ST-ZIP Altamonte Springs, FL

4.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME Coleman, Karen
4.3 STREET ADDRESS 2200 W. 13th Street
4.4 CITY-ST-ZIP Sanford, FL 32771

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)