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FILED

Mar 06 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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 32792-5505

3. Date Incorporated or Qualified  
11/23/1992

3a. Date of Last Report  
03/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3178724

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

Steve Windham

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

1155 S. Semoran Blvd., Suite 1111

83

84 City

Winter Park

FL

85

Zip Code  
32792

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

*Steve Windham*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME D Jorge Deju  
1.3 STREET ADDRESS 617 Nighthawk Circle  
1.4 CITY-ST-ZIP Winter Springs, FL 32708

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME BERKO, JIM  
STREET ADDRESS 417 WHOOPING LOOP  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME D David Medley  
3.3 STREET ADDRESS 400 W. Airport Blvd  
3.4 CITY-ST-ZIP Sanford, FL 32773

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

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME vpd Jim Berko  
4.3 STREET ADDRESS 237 Fernwood Blvd  
4.4 CITY-ST-ZIP Ferk Park, FL 32730

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

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

TITLE D ☐ DELETE  
NAME BLACK, GLORIA  
STREET ADDRESS PO BOX 951638 N/A  
CITY-ST-ZIP LAKE MARY FL

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Tuan T. T. T.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015427

CR2E037 (9/96)