

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

4. FEI Number

59-3178724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

24 **32792-5505**

25 **U. S. A.**

28 Zip

Country

29 **32792-5505**

30 **U. S. A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WINDHAM, STEVE
1155 S. SEMORAN BLVD.
STE 1111
WINTER PARK FL 32792**

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]
Signature, typed or printed name of registered agent and title if applicable

[Signature]
(NOTE: Registered Agent signature required when reinstating)

JIM BERKO

4/29/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DEJU, JORGE**
CITY-ST-ZIP **617 NIGHTHAWK CIRCLE
WINTER SPRINGS FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **Dr. Hortense Evans**
1.4 CITY-ST-ZIP **400 E. Lake Mary Blvd.
Sanford, FL 32773**

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

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MEDLEY, DAVID**
CITY-ST-ZIP **400 W. AIRPORT BLVD.
SANFORD FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **BERKO, JIM**
CITY-ST-ZIP **237 FERNWOOD BLVD.
FERK PARK FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

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

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

14. I 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: *[Signature]*

[Signature] **4-28-98**

**407
671-2005**

CR2E037 (10/97)