


FILE NOW: FILING FEE IS \$61.25

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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90154 010 ***122.50

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N92000000426					
1. Corporation Name SEMINOLE COUNTY HEALTHY START COALITION, INC.					
Principal Place of Business 1155 S. SEMORAN BLVD. SUITE 1111 WINTER PARK FL 32792-505 US			Mailing Address 1155 S. SEMORAN BLVD. SUITE 1111 WINTER PARK FL 32792-505 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 32792 Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 32792 Country 29		3. Date Incorporated or Qualified 11/23/1992 4. FEI Number 59-3178724 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent WINDHAM, STEVE 1155 S. SEMORAN BLVD. STE 1111 WINTER PARK FL 32792				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEJU, JORGE			1.2 NAME			
STREET ADDRESS	617 NIGHTHAWK CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAVELO, JUAN			2.2 NAME			
STREET ADDRESS	1403 MEDICAL PLAZA DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEDLEY, DAVID			3.2 NAME			
STREET ADDRESS	400 W. AIRPORT BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL			3.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		4.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERKO, JIM			4.2 NAME			
STREET ADDRESS	237 FERNWOOD BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	FERK PARK FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EVANS, HORTENSE D			5.2 NAME			
STREET ADDRESS	400 E LAKE MARY BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL 32773			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLACK, GLORIA			6.2 NAME			
STREET ADDRESS	PO BOX 951636 N/A			6.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY FL			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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1-1/98)