




# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90020 010 \*\*\*\*70.00

<b>DOCUMENT # N92000000426</b>					
<b>1. Entity Name</b> SEMINOLE COUNTY HEALTHY START COALITION, INC.					
<b>Principal Place of Business</b> 237 FERNWOOD BLVD STE 101 FERN PARK, FL 32730 US			<b>Mailing Address</b> 237 FERNWOOD BLVD STE 101 FERN PARK, FL 32730 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082004 Chg-NP CR2E037 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 59-3178724	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
SHANBHAG, MARNIE G 237 FERNWOOD BLVD STE 101 FERN PARK, FL 32730				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> DEJU, JORGE <b>STREET ADDRESS</b> 617 NIGHTHAWK CIRCLE <b>CITY-ST-ZIP</b> WINTER SPRINGS, FL	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Donnelly, Kathleen <b>STREET ADDRESS</b> 233 Silas Phelps Court <b>CITY-ST-ZIP</b> Orlando, FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> RAVELO, JUAN <b>STREET ADDRESS</b> 1403 MEDICAL PLAZA DR <b>CITY-ST-ZIP</b> SANFORD, FL	<input type="checkbox"/> Delete		<b>TITLE</b> S/D <b>NAME</b> Bianco, Jacqueline <b>STREET ADDRESS</b> 1401 N. Seminole Blvd <b>CITY-ST-ZIP</b> Sanford, FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> TEGELER, DAVID <b>STREET ADDRESS</b> P.O. BOX 677192 <b>CITY-ST-ZIP</b> ORLANDO, FL 32867	<input type="checkbox"/> Delete		<b>TITLE</b> T/D <b>NAME</b> Tegeler, David <b>STREET ADDRESS</b> P.O. Box 677192 <b>CITY-ST-ZIP</b> Orlando, FL 32867	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> BERKO, JIM <b>STREET ADDRESS</b> 237 FERNWOOD BLVD. <b>CITY-ST-ZIP</b> FERK PARK, FL	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Berko, James <b>STREET ADDRESS</b> 237 Fernwood Blvd <b>CITY-ST-ZIP</b> Fern Park, FL 32730	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> EVANS, HORTENSE D <b>STREET ADDRESS</b> 400 E LAKE MARY BLVD <b>CITY-ST-ZIP</b> SANFORD, FL 32773	<input type="checkbox"/> Delete		<b>TITLE</b> P/D <b>NAME</b> Evans, Hortense D. <b>STREET ADDRESS</b> 1805 Cherry Ridge Drive <b>CITY-ST-ZIP</b> Heathrow, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> ADAMS, PRESTON <b>STREET ADDRESS</b> P.O. BOX 953503 <b>CITY-ST-ZIP</b> LAKE MARY, FL 32795	<input type="checkbox"/> Delete		<b>TITLE</b> V/D <b>NAME</b> Adams, Preston <b>STREET ADDRESS</b> P.O. Box 953503 <b>CITY-ST-ZIP</b> Lake Mary, FL 32795	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> 			2-3-04 407-831-2411		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Attachment

44009341

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ANNUAL REPORT  
Document # N92000000426

Entity Name  
Seminole County Healthy Start Coalition, Inc.

10. Officers and Directors

Title: D  
Name: Mahoy, Joni  
Street Address: 555 West State Rd 434  
City-St-Zip: Longwood, FL 32750

Title: D  
Name: Mullen, Denise  
Street Address: 516 Ramsdell Avenue  
City-St-Zip: Altamonte Springs, FL 32714

Title: D  
Name: Schrank, Susan  
Street Address: 601 E. Altamonte Drive  
City-St-Zip: Altamonte Springs, FL 32701