2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9200000426 1. Entity Name SEMINOLE COUNTY HEALTHY START COALITION, INC. Principal Place of Business Mailing Address					02-10-2004 90020 010 ****70.00
Principal Plac 237 FERNWO STE 101 FERN PARK,	DOD BLVD	Mailing Address 237 FERNWOOD BLVD STE 101 FERN PARK, FL 32730	US		
2. Principal Place of Business		3. Mailing Address			T 1 1 1 1 1 1 1 1 1
Suite, Apt. #, etc.		Suite, Apt. #, etc.		,	01082004 Chg-NP CH2E037 (10/03)
City & State	e	City & State			4. FEI Number Applied For 59-3178724 Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent
0114110114	0.145145.0	- 	Name		
237 FERN	AG, MARNIE G WOOD BLVD		Street A	ddress (f	(P.O. Box Number is Not Acceptable)
STE 101 FERN PAF	RK, FL 32730			***	·
			City		FL Zip Code
	named entity submits this statement folions of registered agent.	or the purpose of changing its re	gistered office o	r register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agen	and little if applicable. (NOTE: P	Registered Agent signal	ture required	d when reinstating) DATE
<u></u>					
	Filing Fee is \$61.25 Due by May 1, 2004	£lection Camp	aign Financing		
	Due by May 1, 2004	Trust Fund Cor			\$5.00 May Be Added to Fees Make check payable to Florida Department of State
10.	OFFICERS AND DI				Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP			ntribution,	D Doni 233	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 The live Kathleen Silas Pheips Court
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-04

407-831-2411

Daytime Phone #

Affachment corporation 44009341

2004 NOT-FOR-PROFIT CORPORATION

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