

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90023 003 ****70.00

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DOCUMENT # N92000000426 1. Entity Name SEMINOLE COUNTY HEALTHY START COALITION, INC.					
Principal Place of Business 237 FERNWOOD BLVD STE 101 FERN PARK, FL 32730 US			Mailing Address 237 FERNWOOD BLVD STE 101 FERN PARK, FL 32730 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3178724	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHANBHAG, MARNIE G 237 FERNWOOD BLVD STE 101 FERN PARK, FL 32730			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEJU, JORGE 617 NIGHTHAWK CIRCLE WINTER SPRINGS, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Bianco, Jacqueline 1401 W. Seminole Blvd. Sanford, FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAVELO, JUAN 1403 MEDICAL PLAZA DR SANFORD, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donnelly, Kathleen 233 Silas Phelps Court Orlando, FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TEGELER, DAVID P.O. BOX 677192 ORLANDO, FL 32867	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mahoy, Toni 555 West State Rd 434 Longwood, FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERKO, JAMES 237 FERNWOOD BLVD. FERN PARK, FL 32730	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cooler, Fielding 1097 Sand Pond Road Lake Mary, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, HORTENSE D 1805 CHERRY RIDGE DRIVE HEATHROW, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mullen Denise 669 Jamestown Blvd. #1061 Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, PRESTON P.O. BOX 953503 LAKE MARY, FL 32795	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schrunk, Susan 601 E. Altamonte Drive Altamonte Springs, FL 32701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u><i>Marnie Shanbhag</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/6/2005 407-830-7235 <small>Date Daytime Phone #</small>		

SEMINOLE COUNTY



HEALTHY START
COALITION

ATTACHMENT# N92000000426
40000099

January 6, 2005


Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Department of State:

I would like to request a certificate of good standing for Seminole County Healthy Start Coalition, Inc. The document number is N92000000426. The fee of \$8.75 for the certificate is enclosed.

Should you have any questions please feel free to contact me at (407)830-7235 ext. 202.

Sincerely,


Carmen Genzalez
Program Assistant