

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90269 027 ****70.00

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	
6. Name and Address of Current Registered Agent SHANBHAG, MARNIE G 237 FERNWOOD BLVD STE 101 FERN PARK, FL 32730			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2006		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 D NAME DEJU, JORGE STREET ADDRESS 617 NIGHTHAWK CIRCLE CITY-ST-ZIP WINTER SPRINGS, FL	<input type="checkbox"/> Delete		TITLE S NAME Bianco, Jacqueline STREET ADDRESS 1401 W. Seminole Blvd CITY-ST-ZIP Sanford, FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME RAVELO, JUAN STREET ADDRESS 1403 MEDICAL PLAZA DR CITY-ST-ZIP SANFORD, FL	<input type="checkbox"/> Delete		TITLE D NAME Freeman, Nancy STREET ADDRESS 250 Park Avenue South CITY-ST-ZIP Winter Park, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME TEGELER, DAVID STREET ADDRESS P.O. BOX 677192 CITY-ST-ZIP ORLANDO, FL 32867	<input type="checkbox"/> Delete		TITLE D NAME Mahoy, Joni STREET ADDRESS 555 West State Road 434 CITY-ST-ZIP Longwood, FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME BERKO, JAMES STREET ADDRESS 237 FERNWOOD BLVD. CITY-ST-ZIP FERN PARK, FL 32730	<input type="checkbox"/> Delete		TITLE D NAME Pipkin, Penny STREET ADDRESS 601 E. Altamonte Drive CITY-ST-ZIP Altamonte Springs, FL 32716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME EVANS, HORTENSE D STREET ADDRESS 1805 CHERRY RIDGE DRIVE CITY-ST-ZIP HEATHROW, FL 32746	<input type="checkbox"/> Delete		TITLE D NAME Rendsland Tonello, Pamela STREET ADDRESS 1097 Sand Pond Avenue CITY-ST-ZIP Lake Mary, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME ADAMS, PRESTON STREET ADDRESS P.O. BOX 953503 CITY-ST-ZIP LAKE MARY, FL 32795	<input type="checkbox"/> Delete		TITLE D NAME Shellman-Ross, Pamela STREET ADDRESS 1350 McNeil Road CITY-ST-ZIP Altamonte Springs, FL 32714	<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 exemptions contained in Chapter 119, 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>Marnie Shanbhag</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-11-2006 <small>Date</small>		407-830-7235 <small>Daytime Phone #</small>

ATTACHMENT

40002374

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ANNUAL REPORT

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Entity Name

Seminole County Healthy Start Coalition, Inc.

10. Officers and Directors

Title: D
Name: Skeates, Corydon
Street Address: 2074 Winter Springs Boulevard
City-St-Zip: Oviedo, FL 32765

Title: D
Name: Thornton Taylor, Michelle
Street Address: 1409 Hidden Meadow Way
City-St-Zip: Apopka, FL 32772

Title: D
Name: Tua, Angel
Street Address: 94 Castle Brewer Court
City-St-Zip: Sanford, FL 32771