

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000426

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** SEMINOLE COUNTY HEALTHY START COALITION, INC.

**Current Principal Place of Business:**

134 WILSHIRE BLVD.  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 180125  
CASSELBERRY, FL 327180125 US

**New Mailing Address:**

**FEI Number:** 59-3178724

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TIZZIO, ANTHONY  
134 WILSHIRE BLVD  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

KATZ, MICHELE  
134 WILSHIRE BLVD  
CASSELBERRY, FL 32707 US

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.

SIGNATURE: MICHELE KATZ

02/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: GRANT, JENNIFER  
Address: 239 RINEHART RD.  
City-St-Zip: LAKE MARY, FL 32746

Title: BC  
Name: ALBRIGHT, DIANE  
Address: 401 CENTER POINTE CIRCLE, STE 1537  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHELE KATZ

ED

02/16/2011

Electronic Signature of Signing Officer or Director

Date