

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90040 038 ****61.25

DOCUMENT # N93000003004

1. Entity Name
HEALTHY START COALITION OF ST. LUCIE COUNTY, INC.



Principal Place of Business
117 ATLANTIC AVENUE
FORT PIERCE, FL 34950 US

Mailing Address
117 ATLANTIC AVENUE
SUITE 217
FORT PIERCE, FL 34950 US

00000101



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0466549

Applied For
Not Applicable

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

YATES, E. CLAYTON
205 SOUTH SECOND STREET
FORT PIERCE, FL 34950

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 P ☐ Delete
NAME PANELLA, MICHAEL
STREET ADDRESS 1322 N.W. FEDERAL HWY.
CITY-ST-ZIP STUART, FL 34951

TITLE S ☐ Change ☒ Addition
NAME Dixon, LeVette
STREET ADDRESS PO Box 1746
CITY-ST-ZIP Ft Pierce, FL 34954

TITLE D ☒ Delete
NAME PRIEST, KATHRYN
STREET ADDRESS 10688 PINE NEEDLE DR.
CITY-ST-ZIP FORT PIERCE, FL 34945

TITLE D ☐ Change ☒ Addition
NAME Archer, Nancy
STREET ADDRESS 804 S. 6th St
CITY-ST-ZIP Ft Pierce, FL 34900

TITLE D ☒ Delete
NAME HALL, LINDA
STREET ADDRESS 4715 KIRBY LOOP RD
CITY-ST-ZIP FORT PIERCE, FL 34981

TITLE D ☐ Change ☒ Addition
NAME MacKenzie, Elizabeth
STREET ADDRESS 200 NW Country Club Dr
CITY-ST-ZIP PSL, FL 34986

TITLE D ☐ Delete
NAME PATAN, MARY ANNE
STREET ADDRESS 801 SO OCEAN DR UNIT 502
CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LOOBY, LOIS
STREET ADDRESS 5266 SE SCHOENR OAKS WY
CITY-ST-ZIP STUART, FL 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME BROOKS, GLAISTER
STREET ADDRESS 707 N 7TH ST
CITY-ST-ZIP FORT PIERCE, FL 34945

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 817, 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

[Handwritten Signature]