

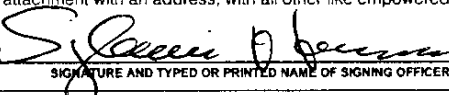


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90031 046 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03282008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-0466549	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____				3/28/2008 <small>DATE</small>	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P PANELLA, MICHAEL 1322 N.W. FEDERAL HWY. STUART, FL 34951	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHER, NANCY 804 S. 6TH STREET FORT PIERCE, FL 34950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKENZIE, ELIZABETH 250 NW COUNTRY CLUB PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATAN, MARY ANNE 801 SO OCEAN DR UNIT 502 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOOBY, LOIS 5266 SE SCHOENR OAKS WY STUART, FL 34997	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PATAN, MRS. 117 ATLANTIC AVENUE FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D DIXON, LEVETTE PO BOX 1746 FORT PIERCE, FL 34954	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMETRIADES, CHRISTINE 10510 S. FEDERAL HWY. SUITE 301 PORT ST. LUCIE, FL 34952	<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: 				SYLVIE H. KRAMER	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/28/2008 772-467-2016 <small>Date Daytime Phone #</small>	