

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003004

FILED
Mar 30, 2009
Secretary of State

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

Current Principal Place of Business:

117 ATLANTIC AVENUE
FORT PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

117 ATLANTIC AVENUE
SUITE 217
FORT PIERCE, FL 34950 US

New Mailing Address:

FEI Number: 65-0466549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PANELLA, MICHAEL
Address: 1322 N.W. FEDERAL HWY.
City-St-Zip: STUART, FL 34951

Title: D () Delete
Name: ARCHER, NANCY
Address: 804 S. 6TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: VPD () Delete
Name: MACKENZIE, ELIZABETH
Address: 250 NW COUNTRY CLUB
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD () Delete
Name: PATAN, MARY ANNE
Address: 801 SO OCEAN DR UNIT 502
City-St-Zip: FORT PIERCE, FL 34949

Title: SD () Delete
Name: LEVETTE, DIXON
Address: PO BOX 1746
City-St-Zip: FORT PIERCE, FL 34954

Title: D () Delete
Name: DEMETRIADESS, CHRISTINE
Address: 10510 S. FEDERAL HWY. SUITE 301
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SYLVIE H. KRAMER

ED

03/30/2009

Electronic Signature of Signing Officer or Director

Date