## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000003004

FILED Mar 31, 2010 Secretary of State

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

**New Principal Place of Business: Current Principal Place of Business:** 

117 ATLANTIC AVENUE

FORT PIERCE, FL 34950 US

**Current Mailing Address: New Mailing Address:** 

117 ATLANTIC AVENUE

SUITE 217 FORT PIERCE, FL 34950 US

FEI Number: 65-0466549 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

YATES, E. CLAYTON JOSEPH MANCINI C/O YATES & MANCINI, LLC 205 SOUTH SECOND STREET 328 SOUTH SECOND STREET

FORT PIERCE, FL 34950 FORT PIERCE, FL 34950

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: SYLVIE H. MARCEAU 03/31/2010

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

PANELLA, MICHAEL Name: Address: 1322 N.W. FEDERAL HWY. City-St-Zip: STUART, FL 34951

Title:

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

Title: **VPD** 

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

Title: TD

Name: PATAN, MARY A

801 SO OCEAN DR UNIT 502 Address: City-St-Zip: FORT PIERCE, FL 34949

Title: SD

LEVETTE, DIXON Name: Address: PO BOX 1746

FORT PIERCE, FL 34954 City-St-Zip:

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: SYLVIE H. MARCEAU CEO 03/31/2010