

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003004

FILED
Apr 24, 2012
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
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:

JOSEPH MANCINI C/O YATES & MANCINI, LLC
328 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
Name: DEMETRIADES, CHRISTINE
Address: 10570 S. FEDERAL HWY. SUITE 301
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

Title: D
Name: HERNDON, KEVIN
Address: 5160 NW MILNER DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

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

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

Title: D
Name: OWEN, TERRY
Address: 121 SW PORT ST. LUCIE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34984

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: LISA VONSEELEN

ED

04/24/2012

Electronic Signature of Signing Officer or Director

Date