


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90049 049 \*\*\*\*61.25

<b>DOCUMENT # N96000006139</b> 1. Entity Name <b>CHARLOTTE COUNTY HEALTHY START COALITION, INC.</b>					
Principal Place of Business <b>17940 TOLEDO BLADE BLVD. UNIT A PORT CHARLOTTE, FL 33948 US</b>			Mailing Address <b>17940 TOLEDO BLADE BLVD. UNIT A PORT CHARLOTTE, FL 33948 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0727055</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KRAUS, NANCY T EX.DIR. 17940 TOLEDO BLADE BLVD. UNIT A PORT CHARLOTTE, FL 33948</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MAYS, SHARON</b>	NAME			
STREET ADDRESS	<b>3280 TAMiami TR, #54</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33952</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WORTHEN, CHERYLE</b>	NAME			
STREET ADDRESS	<b>21450 GIBRALTER DR UNIT 4</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33952</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SLOAN, HELENA</b>	NAME			
STREET ADDRESS	<b>3028 CARING WAY, SUITE 4</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33952</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>APOSTOL, EDNA</b>	NAME			
STREET ADDRESS	<b>2201 CANTU CT STE 117</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>SARASOTA, FL 34232</b>	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>WYMAN, JEANNE</b>	NAME	<b>Andy Herigott</b>		
STREET ADDRESS	<b>514 E. GRACE ST.</b>	STREET ADDRESS	<b>1210 Oak Street</b>		
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>	CITY-ST-ZIP	<b>Arcadia, FL 34206</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SAWNEY, ANNE</b>	NAME			
STREET ADDRESS	<b>21233 KNOLLWOOD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>PORT CHARLOTTE, FL 33952</b>	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 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: <i>Cheryl Worthen</i>		1/14/08 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40006622



01072008 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable