## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000006139

FILED Jan 09, 2009 Secretary of State

Entity Name: CHARLOTTE COUNTY HEALTHY START COALITION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 17940 TOLEDO BLADE BLVD. **UNIT A** PORT CHARLOTTE, FL 33948 US **New Mailing Address: Current Mailing Address:** 17940 TOLEDO BLADE BLVD. **UNIT A** PORT CHARLOTTE, FL 33948 US FEI Number: 65-0727055 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: KRAUS, NANCY T EX.DIR 17940 TOLEDO BLADE BLVD. **UNIT A** PORT CHARLOTTE, FL 33948 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition MAYS, SHARON MAYS, SHARON Name: Name: 3280 TAMIAMI TR, #54 Address: 514 EAST GRACE STREET Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33951 Title: () Delete Title: (X) Change ( ) Addition CAPPELLO, KANDICE WORTHEN, CHERYLE Name: Name: Address: 21450 GIBRALTER DR UNIT 4 Address: 506 ST GIRONS CT City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PUNTA GORDA, FL 33950 Title: () Delete Title: (X) Change ( ) Addition SLOAN, HELENA MIZELL, JOHN Name: Name: 3028 CARING WAY, SUITE 4 Address: Address: PO BOX 510814 City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PUNTA GORDA, FL 33950 Title: ( ) Delete Title: (X) Change ( ) Addition Name: APOSTOL, EDNA Name: APOSTOL, EDNA 2201 CANTU CT STE 117 Address: Address: 2201 CANTU CT STE 220 City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34232 Title: () Delete Title: () Change () Addition HERIGODT, ANDY Name: Name: 1210 OAK ST Address: Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: Title: () Delete Title: () Change () Addition SAWNEY, ANNE Name: Name: Address: 21233 KNOLLWOOD Address: PORT CHARLOTTE, FL 33952 City-St-Zip: 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: EDNA APOSTOL CEO 01/09/2009