2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000980

Title:

Title:

Name:

Address:

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TAYLOR, VICKI

VENICE, FL 34285

TAYLOR, JAMES

1819 MAIN STREET

SARASOTA, FL 34236

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401 WEST VENICE AVENUE

FILED Jan 06, 2006 Secretary of State

Entity Name: HEALTHY START COALITION OF SARASOTA COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 1750 17TH STREET **BUILDING M** SARASOTA, FL 34234 **New Mailing Address: Current Mailing Address:** PO BOX 2254 SARASOTA, FL 34230 US FEI Number: 31-1591167 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: GORMAN, SARAH 1750 17TH STREET **BUILDING M** SARASOTA, FL 34234 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: BDC () Delete (X) Change () Addition BAKER, JACK Name: BECK, MARIA Name: 1723 NORTH ORANGE AVENUE Address: 1801 MAIN STREET Address: City-St-Zip: SARASOTA, FL 34234 City-St-Zip: SARASOTA, FL. 34236 Title: () Delete Title: (X) Change () Addition CHIRILLO, CHARLENE Name: NORBACK, DONNA Name: Address: 2201 CANTU COURT Address: 1852 HILLVIEW STREET, SUITE 202 City-St-Zip: SARASOTA, FL 34232 City-St-Zip: SARASOTA, FL 34239 Title: SEC () Delete Title: SEC (X) Change () Addition NORWOOD, JENNA DENNIS, GILDA Name: Name: Address: **1477 10TH STREET** Address: 2025 OAK STREET City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34237 Title: TREA () Delete Title: TREA (X) Change () Addition Name: SELVEY, LELAND Name: DIETERICH, GRACE 10020 CHERRY HILLS AVENUE CIRCLE 100 ARTHUR ANDERSEN PARKWAY, SUITE 200 Address: Address: City-St-Zip: SARASOTA, FL 34202 City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: SARAH GORMAN ED 01/06/2006

(X) Change () Addition

() Change () Addition

10020 CHERRY HILLS AVENUE CIRCLE

SELVEY, LELAND

BRADENTON, FL 34202