

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000006372

Entity Name: HEALTHY START MOMCARE NETWORK, INC.

FILED
Apr 23, 2020
Secretary of State
0211200554CC

Current Principal Place of Business:

2002 OLD ST. AUGUSTINE ROAD
SUITE E-45
TALLAHASSEE, FL 32301

Current Mailing Address:

2002 OLD ST. AUGUSTINE ROAD
SUITE E-45
TALLAHASSEE, FL 32301 US

FEI Number: 46-1801239

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TIMUTA, CATHERINE
2002 OLD ST. AUGUSTINE ROAD
SUITE E-45
TALLAHASSEE, FL 32301 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: CATHERINE TIMUTA

04/23/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JOHNSON, FAYE
Address 644 CESERY BOULEVARD,
 SUITE 210
City-State-Zip: JACKSONVILLE FL 32211

Title VP
Name FIGUEROA-KING, MONICA
Address 6301 NW 5TH WAY
 #5000
City-State-Zip: FT. LAUDERDALE FL 33309

Title TREASURER
Name LEONARD, FRED
Address 612 – 7TH STREET WEST
City-State-Zip: PALMETTO FL 34221

Title ASST. TREASURER
Name BERRY, ANDREA
Address 1555 INDIAN RIVER BLVD,
 SUITE B241
City-State-Zip: FT. LAUDERDALE FL 32960

Title SECRETARY
Name EWENS, SHON
Address 1750 17TH STREET,
 SUITE A
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name EDWARDS, CHARLENE
Address 650 E DAVIDSON ST
City-State-Zip: BARTOW FL 33830

Title EXECUTIVE DIRECTOR
Name TIMUTA, CATHERINE
Address 2002 OLD ST. AUGUSTINE ROAD
 E-45
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name MURPHY, JANE
Address 2806 NORTH ARMENIA AVENUE
 SUITE 100
City-State-Zip: TAMPA FL 33607

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: CATHERINE TIMUTA

EXECUTIVE DIRECTOR

04/23/2020

Electronic Signature of Signing Officer/Director Detail

Date