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**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

95 MAR -3 AM 6:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1747647

1. Corporation Name
Bay, Franklin, Gulf Healthy Start Coalition, Inc.

Principal Place of Business	Mailing Address
119 West 5th Street Panama City, FL 32401 US	119 West 5th Street Panama City, FL 32401 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/03/1992	3a. Date of Last Report 03/17/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-3158212	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
Biggins, Erica T
926 Radcliffe Avenue
Lynn Haven, FL 32444

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Biggins, Erica T	1.2 NAME	
STREET ADDRESS	926 Radcliffe Avenue	1.3 STREET ADDRESS	
CITY-ST-ZIP	Lynn Haven, FL	1.4 CITY-ST-ZIP	4000001423214
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Petersen, Helen M R.N.	2.2 NAME	
STREET ADDRESS	3919 Peterson Avenue	2.3 STREET ADDRESS	-03/07/95--016995-022
CITY-ST-ZIP	Panama City, FL	2.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilson, Jo Anne	3.2 NAME	
STREET ADDRESS	Route #3, Box 150-D3	3.3 STREET ADDRESS	T.S. 3/3/95
CITY-ST-ZIP	Port St. Joe, FL	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McAtee, Jo R	4.2 NAME	
STREET ADDRESS	921 Agnes Scott Circle	4.3 STREET ADDRESS	
CITY-ST-ZIP	Panama City, FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	501 c3 non profit corporation
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Erica T. Biggins Erica T. Biggins 02/24/1995 904-872-4130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #