

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N47647 (5)

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

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PANAMA CITY FL 32401
US

3. Date Incorporated or Qualified

03/03/1992

3a. Date of Last Report

03/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3158212

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, LEON
GOCC
5230 W. HIGHWAY 98
PANAMA CITY FL 32405

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MILLER, LEON
STREET ADDRESS 5230 HIGHWAY 98
CITY-ST-ZIP PANAMA CITY FL 32405

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VD
NAME ADAMS, EUGENIA C
STREET ADDRESS BAY CPHU 605 N. MCAUTHUR
CITY-ST-ZIP PANAMA CITY FL 32401

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE SD
NAME SHEPHERD, MARJORIE
STREET ADDRESS WJHG TV, 8195 FRONT BEACH RD.
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE VT
NAME FALE, SHARON
STREET ADDRESS 516 E. 2ND STREET
CITY-ST-ZIP LYNN HAVEN FL 32444

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leon Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/96
Date

(904)872-4130
Daytime Phone #

CR2E037 (12/95)