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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
119 WEST 5TH STREET PANAMA CITY FL 32401-2603 US

3. Date Incorporated or Qualified 03/03/1992
3a. Date of Last Report 01/31/1996

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

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
MILLER, LEON
GOCC
5230 W. HIGHWAY 98
PANAMA CITY FL 32405
10. Name and Address of New Registered Agent
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: *Leon Miller* DATE: 2-6-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MILLER, LEON	1.2 NAME	MILLER, LEON
STREET ADDRESS	5230 HIGHWAY 98	1.3 STREET ADDRESS	5230 Highway 98
CITY-ST-ZIP	PANAMA CITY FL 32405	1.4 CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VD	2.1 TITLE	
NAME	ADAMS, EUGENIA C	2.2 NAME	KALFEH, Phyllis
STREET ADDRESS	BAY CPHU 805 N. MCAUTHUR	2.3 STREET ADDRESS	ECS. 450 Jerks Ave.
CITY-ST-ZIP	PANAMA CITY FL 32401	2.4 CITY-ST-ZIP	Panama City, FL 32405
TITLE	SD	3.1 TITLE	
NAME	SHEPHERD, MARJORIE	3.2 NAME	BEAR, SHELLY
STREET ADDRESS	WJHG TV, 8195 FRONT BEACH RD.	3.3 STREET ADDRESS	Children Home Society 11 B W. 23 Street Suite B-3
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	3.4 CITY-ST-ZIP	Panama City, FL 32405
TITLE	VT	4.1 TITLE	
NAME	FAILE, SHARON	4.2 NAME	KJIBOURN, NORTON
STREET ADDRESS	516 E. 2ND STREET	4.3 STREET ADDRESS	H.R.S. 411 Hwy. 98 W
CITY-ST-ZIP	LYNN HAVEN FL 32444	4.4 CITY-ST-ZIP	Apalachicola, FL 32320
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, Board President* DATE: 2-14-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0000357

CR2E037 (9/96)