


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N47647 (5)**  
1. Corporation Name  
**BAY, FRANKLIN, GULF HEALTHY START COALITION, INC**



Principal Place of Business <b>119 WEST 5TH STREET PANAMA CITY FL 32401 US</b>	Mailing Address <b>119 WEST 5TH STREET PANAMA CITY FL 32401 US</b>
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3. Date Incorporated or Qualified <b>03/03/1992</b>	
4. FEI Number <b>59-3158212</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 459 Grace Ave.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 459 Grace Ave.</b> Suite, Apt. #, etc.
22 City & State <b>23 Panama City, FL</b>	27 City & State <b>28 Panama City, FL</b>
24 Zip <b>32401</b>	25 Country <b>USA</b>
29 Zip <b>32401</b>	30 Country <b>USA</b>

**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  
Kalifeh, Phyllis**

**82 Street Address (P.O. Box Number is Not Acceptable)  
Early Childhood Services**

**83 450 Jenks Avenue**

**84 City  
Panama City** **85 Zip Code  
FL 32401**

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 *Phyllis Kalifeh* **Phyllis Kalifeh, President** **1/26/98**

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

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MILLER, LEON</b>	
STREET ADDRESS <b>5230 HIGHWAY 98</b>	
CITY-ST-ZIP <b>PANAMA CITY FL 32405</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>KALIFEH, PHYLLIS</b>	
STREET ADDRESS <b>ECS 450 JENKS AVE</b>	
CITY-ST-ZIP <b>PANAMA CITY FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>BEAR, SHELLY</b>	
STREET ADDRESS <b>113 WEST 23RD ST STE B3</b>	
CITY-ST-ZIP <b>PANAMA CITY FL</b>	
TITLE <b>VT</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>KILBOURNE, NORTON</b>	
STREET ADDRESS <b>H.R.S. 411 HWY 98W</b>	
CITY-ST-ZIP <b>APALACHICOLA FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Kalifeh, Phyllis</b>	
1.3 STREET ADDRESS <b>450 Jenks Avenue</b>	
1.4 CITY-ST-ZIP <b>Panama City, FL 32401</b>	
2.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Moore, Barbara</b>	
2.3 STREET ADDRESS <b>1002 West 23rd Street, Suite 400</b>	
2.4 CITY-ST-ZIP <b>Panama City, FL 32495</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 *Phyllis Kalifeh* **Phyllis Kalifeh, Pres** **1-27-98** **907/970-7557**

CFR2E037 (10/97)