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Mar 11, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47647

1. Corporation Name
BAY, FRANKLIN, GULF HEALTHY START COALITION, INC

223630-90225-16



Principal Place of Business 459 GRACE AVE PANAMA CITY FL 32401 US	Mailing Address 459 GRACE AVE PANAMA CITY FL 32401 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/03/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3158212
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KALIFEH, PHYLLIS EARLY CHILDHOOD SERVICES 450 JENKS AVE PANAMA CITY FL 32401				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 _____ DATE _____
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 <input type="checkbox"/> DELETE	1.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALIFEH, PHYLLIS	1.2 NAME	Bonnie Carroll
STREET ADDRESS	450 JENKS AVE	1.3 STREET ADDRESS	509 Harrison Avenue
CITY-ST-ZIP	PANAMA CITY FL 32401	1.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, BARBARA	2.2 NAME	Mary Pettis
STREET ADDRESS	1002 W 23RD ST SUITE 400	2.3 STREET ADDRESS	597 West 11th Street
CITY-ST-ZIP	PANAMA CITY FL 32495	2.4 CITY-ST-ZIP	Panama City, FL 32401
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAR, SHELLY	3.2 NAME	
STREET ADDRESS	113 WEST 23RD ST STE B3	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILBOURNE, NORTON	4.2 NAME	
STREET ADDRESS	H.R.S. 411 HWY 98W	4.3 STREET ADDRESS	
CITY-ST-ZIP	APALACHICOLA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Phyllis Kalifeh SIGNATURE REQUIRED Phyllis Kalifeh, Pres. 3/9/99 (850) 872-4130
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)