## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2002 8:00 am § Secretary of State **DOCUMENT # N47647** 1. Entity Name BAY, FRANKLIN, GULF HEALTHY START COALITION, INC 05-01-2002 91508 031 \*\*\*\*61.25 Principal Place of Business Mailing Address 459 GRACE AVE 459 GRACE AVE PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3158212 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) NICHOLS, MARY PETTIS 597 WEST 11TH STREET PANAMA CITY FL 32401 Zip Code **3240 (** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change Addition NAME KALIFEH, PHYLLIS Donna Drew NAME STREET ADDRESS 651-D W. 14th St. 450 JENKS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 TITLE ☐ Delete TIT! F Change ☐ Addition NAME CARROLL. BONNIE NAME STREET ADDRESS 509 HARRISON AVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32401 CITY-ST-ZIP TITLE SD Delete TITLE Pain was a factoring for the sec-Change :Addition Carissa Anthony BEAR, SHELLY NAME NAME STREET ADDRESS 113 WEST 23RD ST STE B3 STREET ADDRESS 2012-A Lisenby ave. CITY-ST-ZIP <u>Panama City Fl</u> CITY-ST-ZIP FL 32405 TITLE Delete TITLE Addition ☐ Change NAME NICHOLS, MARY PETTIS NAME Eileen annie Ball STREET ADDRESS 597 WEST 11TH DT

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address s, with all other like empowered

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TITLE

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29 Island Dr.

<u>Castpoint</u>, FL

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

<u>Panama City Fl 32401</u>

PANAMA CITY FL 32401

150 MIDDLE SCHOOL ROAD

PORT ST. JOE FL 32465

DEAN, FRANK

410 JENKS AVE

KELLEY, CAROL

Change

☐ Addition

Addition

attacht N47647 957376

D

D

Bay, Franklin, Gulf Healthy Start Coalition, Inc.

## Additional Directors:

Shelly Bear D
700 W. 23<sup>rd</sup> St. Bldg. H Ste 100
Panama City, FL 32405

Helen Cook D

137 12<sup>th</sup> St. Apalachicola, FL 32320

Lynne Eldridge 450 Jenks Ave. Panama City, FL 32401

Julie Kitzerow 525 E. 15<sup>th</sup> St. Panama City, FL 32401

Bill Mahan 28 Airport Rd. Apalachicola, FL 32320

Cecile Scoon D 25 E. 8<sup>th</sup> St. Panama City, FL 32401

Kim Shoemaker D 5230 W. Hwy 98 Panama City, FL 32401

Janet Thompson D 502 4<sup>th</sup> St. Port St. Joe, FL 32456

Phyllis Williams D 615 N. Bonita Ave. Panama City, FL 32401