

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2004  
Secretary of State**

DOCUMENT# N47647

Entity Name: BAY, FRANKLIN, GULF HEALTHY START COALITION, INC.

**Current Principal Place of Business:**

459 GRACE AVE  
PANAMA CITY, FL 32401 US

**New Principal Place of Business:**

**Current Mailing Address:**

459 GRACE AVE  
PANAMA CITY, FL 32401 US

**New Mailing Address:**

FEI Number: 59-3158212      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEAN, FRANK  
410 JENKS AVE  
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BEAR, SHELLY  
Address: 700 W 23RD ST, BLDG H STE 100  
City-St-Zip: PANAMA CITY, FL 32405

Title: T      ( ) Delete  
Name: ELDRIDGE, LYNNE  
Address: 450 DENKS AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: S      ( ) Delete  
Name: DREW, DONNA  
Address: 1308 FLORIDA AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: D      ( ) Delete  
Name: BALL, EILEEN A  
Address: 29 ISLAND DR  
City-St-Zip: EASTPOINT, FL 32328

Title: P      ( ) Delete  
Name: DEAN, FRANK  
Address: 410 JENKS AVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: V      ( ) Delete  
Name: KELLEY, CAROL  
Address: 150 MIDDLE SCHOOL ROAD  
City-St-Zip: PORT ST. JOE, FL 32465

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK DEAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

04/27/2004

\_\_\_\_\_  
Date