

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47647

FILED
May 01, 2008
Secretary of State

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

Current Principal Place of Business:

907 CHERRY STREET
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

907 CHERRY STREET
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 59-3158212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KIM, BODINE
5230 WEST HIGHWAY 98
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: P () Delete
Name: BODINE, KIM
Address: 5230 WEST HIGHWAY 98
City-St-Zip: PANAMA CITY, FL 32401

Title: V () Delete
Name: DOUGLASS, CATHY
Address: 2407 SEWANEE STREET
City-St-Zip: LYNN HAVEN, FL 32444

Title: T () Delete
Name: HUTT, TREY
Address: 3106 WEST 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: S () Delete
Name: MILLER, DENISE
Address: 745 GRACE AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: BYRNS-DAVIS, KELLY
Address: 450 JENKS AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: PV () 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 exemption stated in Chapter 119, 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: KIM BODINE

P

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date