

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47647

FILED  
Feb 25, 2010  
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 ( )**

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

TREY, HUTT  
3106 WEST 23RD STREET  
PANAMA CITY, FL 32405 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  
Name: HUTT, TREY  
Address: 3106 WEST 23RD STREET  
City-St-Zip: PANAMA CITY, FL 32405

Title: V  
Name: MONIZ, DION  
Address: 304 MAGNOLIA AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: T  
Name: KELLEY, CAROL  
Address: 150 MIDDLE SCHOOL ROAD  
City-St-Zip: PORT ST. JOE, FL 32456

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

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

Title: D  
Name: BODINE, KIM  
Address: 5230 WEST HIGHWAY 98  
City-St-Zip: PANAMA CITY, FL 32401

I hereby 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 all other like empowered.

SIGNATURE: TREY HUTT

P

02/25/2010

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

\_\_\_\_\_ Date