

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47647

FILED
Feb 24, 2011
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: CATHEY, BRIAN
Address: 103 NORTH 30TH STREET
City-St-Zip: MEXICO BEACH, FL 32410

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

02/24/2011

Electronic Signature of Signing Officer or Director

Date