

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:24

DOCUMENT # **N47733** (3)

1. Corporation Name
HEALTHY START COMMUNITY COALITION OF OKALOOSA-WALTON COUNTIES INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% HEALTHY START OKALOOSA-WAL.
221 HOSPITAL DR.
FT WALTON BEACH FL 32548

3. Date Incorporated or Qualified **03/09/1992** 3a. Date of Last Report **03/29/1994**

4. FEI Number **59-3115322** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

22 City & State 27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLUE, KATHIE
221 HOSPITAL DR.
FT WALTON FL 32548

81 Name **Ebeoglu, Sheryl**
82 Street Address (P.O. Box Number is Not Acceptable) **c/o CPT-Prevention Project**
83 **340 Beal Parkway NW**
84 City **Ft. Walton Beach** FL 85 Zip Code **32548**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Sheryl Ebeoglu*
Signature, typed or printed name of registered agent and title if applicable.

DATE **2/14/95**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC**
NAME **BLUE, KATHIE**
STREET ADDRESS **221 HOSPITAL DR.**
CITY - ST - ZIP **FT. WALTON BEACH FL 32548**

1.1 TITLE **DP** Change Addition
1.2 NAME **Ebeoglu, Sheryl**
1.3 STREET ADDRESS **340 Beal Parkway NW**
1.4 CITY - ST - ZIP **Ft. Walton Beach, FL 32548**

TITLE **DB**
NAME **POSEY-GOODWIN, PATRICIA**
STREET ADDRESS **169 HIGHLAND ST**
CITY - ST - ZIP **VALPARAISO FL**

2.1 TITLE **DV** Change Addition
2.2 NAME **Bullis, Micheal**
2.3 STREET ADDRESS **123 Perdido Circle**
2.4 CITY - ST - ZIP **Niceville, FL 32578**

TITLE **DS**
NAME **EDENFIELD, BARBARA**
STREET ADDRESS **344 OHIO AVE**
CITY - ST - ZIP **VALPARAISO FL**

3.1 TITLE **DV** Change Addition
3.2 NAME **Marcell, Holly**
3.3 STREET ADDRESS **120 Tang-O-Mar Road**
3.4 CITY - ST - ZIP **Destin, FL 32540**

TITLE **DT**
NAME **HAIGHT, KATHLEEN**
STREET ADDRESS **2515 EDGEWATER DR**
CITY - ST - ZIP **NICEVILLE FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D**
NAME **GOLLING, PEGGY**
STREET ADDRESS **621 FAIRWAY AVE**
CITY - ST - ZIP **FT WALTON BEACH FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sheryl Ebeoglu*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/14/95** (901) 833-3944
DATE