FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

SIGNATURE:

N47733

(3)

HEALTHY START COMMUNITY COALITION OF OKALOOSA-WALTON COUNTIES INC.

LTON	COUNTIES INC.							
Principal Place	e of Business	Ma	ailing Address				JUL 1918 1918 1918 1918 1918 1918 1918 191	
% HEALTHY START OKALOOSA-WAL. 221 HOSPITAL DR. FT WALTON BEACH FL 32548			% HEALTHY START OKALOOSA-WAL 221 HOSPITAL DR. FT WALTON BEACH FL 32548-5068					
TI WALLOW DE	CHOTTE SECTO	,,	Wision perion to	02010 0000		3. Date Incorporated or Qualified 03/09/1992	3a. Date of Last Report 01/25/1996	t
2. Principal Pi 21 same a	ace of Business	2a. 26	Mailing Address			4. FEI Number 59-3115322	Applied Not Ap	d For plicable
Suite, Apt			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addit	ional
22		27		······································		5. Coltinicate of Status Decired	Fee Require	
City & State	9	28	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May	
Zip	Count		Zip	Country		8. This corporation has liability for in		.032,
24	25	29		30			Yes 🔀 No	
	9, Name and Addr	ess of Current Regist	tered Agent			10. Name and Address of New Reg	Istered Agent	
				81 Nan	F	Barbara Edenfield		1
		_		82 Ştrg	at Addre	ss (P.O. Box Number is Not Acceptable Lowery Place	e)	
					USE	Lowery Place		
				83				
				84 City	t Wal	ton Beach	FL 85 Zip Code 32548	•
11. Pursuant	to the provisions of Sec	tions 617.0502 and 6	17.1508, Florida State			ration submits this statement for the plan's board of directors. I hereby accep		
office or r agent. I a	egistern * agent, or bot m fr 💋 • with./ — no	h, in the State of Florid cept the Conformal Arcol	da. Such change was f, Section 617.0503, F	authorized by the c Florida Statutes	orporatio	on's board of directors. I hereby accep	the appointment as regis	stered
SIGNATURE	packag	i X Eden	fuld	•		/	-21-97	
SIGNATURE .	Slyyped or pr	ர registereப் உதிரும் முக்க	applicable (NC	≱É: Registeréd Agein e.,	.re required		SATE	
12.	V (OFFICERS AND DIREC		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE			DELETE	1.1 TITLE	Pre	esident Barbara Edení	ield the Change	Addition
NAME				1.2 NAME) SE Lowery Place	n	ı İ
STREET ADDRESS	- TANKE	WATER TO THE PARTY OF THE PARTY		1.3 STREET ADDRES	§ For	t Walton Beach, FL 3	2548	.
CITY-ST-ZIP			DELETE	1.4 City-St-ZIP			ID Change	Addition
TITLE			DELETE	2.1 TITLE	Vic	e President Kathleer		Adokton
NAME	A.B. Sandalan			2.2 NAME	107	A SE Tupelo	D	,
STREET ADDRESS		111	,	2.3 STREET ADDRES		t Walton BEach, FL 3	2548	1
CITY-ST-ZIP TITLE		-	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE			Change N	Addition
NAME			tan seesik	3.2 NAME	Sec	retary Debbie Bolend)
STREET ADDRESS	2			33 STREET ADDRES	1 . 7/	Harris St	·	. I
CITY-ST-ZIP			1	3.4. CITY-ST-ZIP	- 1	t Walton Beach, FL 3	2547 /	<i>i</i> 1
TITLE			DELETE	4.1 TITLE	1			Addition
NAME				4 2 NAME	Tre	easurer Carol Durham	D T	´
STREET ADDRESS				4.3 STREET ADDRES		Windsong Ct.	•	1
CITY-ST-ZIP			/	4.4 CITY-ST-ZIP		eville, FL 32578	/ (/
TITLE	24		DELETE	5.1 TITLE			Change N	Addition
NAME	CDO			5.2 NAME	Vic	e President Walton (County 1	
STREET ADDRESS				5.3 STREET ADDRES		my Crocker		
CITY - ST - ZIP				5.4 CITY-ST-ZIP		N 9th St DeFuniel	Springs FI	32433
TITLE			DELETE	6.1 TITLE			- Change	Addition
NAME				6.2 NAME				1
STREET ADDRESS				6.3 STREET ADDRES	s			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 it changed, or on an attachment with an address.