

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47733

1. Corporation Name

HEALTHY START COMMUNITY COALITION OF OKALOOSA-WALTON COUNTIES INC.

Principal Place of Business

% HEALTHY START OKALOOSA-WAL
221 HOSPITAL DR. N. E.
FT WALTON BEACH FL 32548

Mailing Address

% HEALTHY START OKALOOSA-WAL
221 HOSPITAL DR. N. E.
FT WALTON BEACH FL 32548

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90075 023 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/09/1992

4. FEI Number

59-3115322

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BARBARA EDENFIELD
120 SE LOWERY PLACE
FORT WALTON BCH FL 32548

10. Name and Address of New Registered Agent

81 Name

Kathy Haight

82 Street Address (P.O. Box Number is Not Acceptable)

107 A SE Tupelo

83

84 City

Fort Walton Beach ,

FL

85 Zip Code
32548

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Kathleen B. Haight

Signature/typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ Board Member ☐ DELETE

NAME BARBARA EDENFIELD
STREET ADDRESS 120 SE LOWERY PLACE
CITY-ST-ZIP FORT WALTON BCH FL

TITLE ☒ President ☐ DELETE

NAME KATHLEEN HAIGHT
STREET ADDRESS 107 A SE TUPELO
CITY-ST-ZIP FORT WALTON BCH FL

TITLE ☒ SD ☒ DELETE

NAME SHOLES, DELENE
STREET ADDRESS 145 PARK ST, SUITE 5
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE ☐ TD Treasurer ☐ DELETE

NAME CAROL DURHAM
STREET ADDRESS 218 WINDSONG CT
CITY-ST-ZIP NICEVILLE FL

TITLE ☒ VPD ☒ DELETE

NAME WALTON COUNTY GENNY CROCKER
STREET ADDRESS 493 N 9TH ST
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE ☐ ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Rosemary Jones

1.3 STREET ADDRESS CPT Prevention Project

1.4 CITY-ST-ZIP 340 Beal Pkwy, Fort Walton Beach, FL

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Merchelle Hixen-Wells

2.3 STREET ADDRESS Children's Home Society

2.4 CITY-ST-ZIP 176 Harris Street

Fort Walton Beach, FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Durham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99
Date

833 9284
Daytime Phone #

CR2E037 (1/98)

0079247