

2000 UNIFORM BUSINESS REPORT (UBR)

0082125

DOCUMENT # N47733

1. Entity Name

HEALTHY START COMMUNITY COALITION OF OKALOOSA-WA

FILED
00 FEB -9 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 % HEALTHY START OKALOOSA-WAL % HEALTHY START OKALOOSA-WAL
 221 HOSPITAL DR. 221 HOSPITAL DR.
 FT WALTON BEACH FL 32548 FT WALTON BEACH FL 32548-5066



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3115322 Not Applicable

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

6. Name and Address of Current Registered Agent
 HAIGHT, KATHY
 107 A SE TUPELO
 FORT WALTON BCH FL 32548

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number Not Acceptable) **107 A SE TUPELO**
Fort Walton Beach
 City **FL** Zip Code **32548**

8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
 (FEE IS \$61.25)

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, ROSEMARY 340 BEAL PKWY FORT WALTON BCH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WELLS, MERCELLE H 176 HARRIS ST FORT WALTON BCH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHOLES, DELENE 145 PARK ST, SUITE 5 DEFUNIAK SPRINGS FL 32433 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAROL DURHAM 218 WINDSONG CT NICEVILLE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALTON COUNTY GENNY CROCKER 493 N 9TH ST DEFUNIAK SPRINGS FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Melli Pappas 221 Hospital Drive, N.E. Fort Walton Beach, FL 32548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Pam Koch 2207 S. Ferdon Blvd. Crestview, FL 32536 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kathy Haight 107 A SE Tupelo Fort Walton Beach, FL 32548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director Evelyn L. Fox 221 Hospital Drive NE Fort Walton Beach, FL 32548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003136628--1 -02/16/00--01007--011 *****61.25 *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Evelyn L. Fox* Executive Director January 6, 2000 (850) 833-9284
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)