

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90113 012 \*\*\*\*61.25

**DOCUMENT # N47733**

1. Entity Name

**HEALTHY START COMMUNITY COALITION OF OKALOOSA-WA**

Principal Place of Business

Mailing Address

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

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

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

**59-3115322**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAIGHT, KATHY**  
**107 A SE TUPELO**  
**FORT WALTON BCH FL 32548**

Name

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

City

**FL**

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	JONES, ROSEMARY	
STREET ADDRESS	340 BEAL PKWY	
CITY-ST-ZIP	FORT WALTON BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAPPAS, MELLI	
STREET ADDRESS	221 HOSPITAL DRIVE, N.E.	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KOCH, PAM	
STREET ADDRESS	2207 S. FERDON BLVD.	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAIGHT, KATHY	
STREET ADDRESS	107 A S.E. TUPELO	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	ED	<input type="checkbox"/> Delete
NAME	FOX, EVELYN L	
STREET ADDRESS	221 HOSPITAL DRIVE N.E.	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Evelyn L Fox**

Date **1/17/01**  
 Daytime Phone # **850.833.9284**

CR2E037 (10/00)