## **FILED 2001 UNIFORM BUSINESS REPORT (UBR)** Jan 26, 2001 8:00 am Secretary of State **DOCUMENT # N47733** 1. Entity Name 01-26-2001 90113 012 \*\*\*\*61.25 HEALTHY START COMMUNITY COALITION OF OKALOOSA-WA 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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3115322 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired

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6. Name and Addres	s of Current R	egistered Agent			7. Name and	Address of N	lew Registered A	gent		
					Name					
HAIGHT, KATHY 107 A SE TUPELO FORT WALTON BCH FL 32548				Street Address (P.O. Box Number is Not Acceptable)						
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FORT WALTON BOTT FE 32340				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										
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	Signature, typed or printed rume of FILE NOW: FEE IS \$61.25  VP JONES, ROSEMARY 340 BEAL PKWY FORT WALTON BEACH SD PAPPAS, MELLI 221 HOSPITAL DRIVI FT. WALTON BEACH TD KOCH, PAM 2207 S. FERDON BL CRESTVIEW FL 3253 PD HAIGHT, KATHY 107 A S.E. TUPELO FT. WALTON BEACH ED FOX, EVELYN L 221 HOSPITAL DRIVI	ATHY TUPELO LTON BCH FL 32548  named entity submits this statement for  Signature, typed or printed name of registered agent an  FILE NOW: FEE IS \$61.25  OFFICERS AND DIRE  VP JONES, ROSEMARY 340 BEAL PKWY FORT WALTON BCH FL SD PAPPAS, MELLI 221 HOSPITAL DRIVE, N.E. FT. WALTON BEACH FL 32548  TD KOCH, PAM 2207 S. FERDON BLVD. CRESTVIEW FL 32536 PD HAIGHT, KATHY 107 A S.E. TUPELO FT. WALTON BEACH FL 32548  ED	TUPELO LTON BCH FL 32548  named entity submits this statement for the purpose of changing its research to the purpose of chang	Name  Street  TUPELO  LTON BCH FL 32548  City  named entity submits this statement for the purpose of changing its registered office  Signature, typed or prinied name of registered agent and title if applicable.  (NOTE: Registered Agent sign  FILE NOW: FELE IS \$61.25  P. Election Campaign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  11.  VP ONES, ROSEMARY 340 BEAL PKWY FORT WALTON BCH FL  SD OPAPPAS, MELLI 221 HOSPITAL DRIVE, N.E. FT. WALTON BEACH FL 32548  TD CRESTVIEW FL 32536  PD OPERED OPERED  Delete TITLE NAME STREET ADDRESS	Name   Street Address (  TupELO   LTON BCH FL 32548   City	Name  Street Address (P.O. Box Numb  TUPELO  LTON BCH FL 32548  City  named entity submits this statement for the purpose of changing its registered office or registered agent, or bo  Signature, typed of profiled ragne of registered agent and side if applicable.  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CH  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO A S.E. TUPELO FL. WALTON BEACH FL 32548  ED Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET A	Name	Street Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City  FL named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Fiorida.  Signature, byted of pritition region of registered and other in application.  (NOTE: Registered Agent signature recursor when reliefshing)  Added to Fees  Pepartment of Address (P.O. Box Number is Not Acceptable)  City  FL named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Fiorida.  (NOTE: Registered Agent signature recursor when reliefshing)  Added to Fees  Department of Address (P.O. Box Number is Not Acceptable)  Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Trust Fund Contribution.  JOFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  STRET ADDRESS  STRET ADDRESS  STRET ADDRESS  STRET ADDRESS  CITY-ST-ZIP  TILE  NAME  221 HOSPITAL DRIVE, N.E.  FT. WALTON BEACH FL 32548  Delete  TILE  NAME  STRET ADDRESS  CITY-ST-ZIP  TILE  NAME  STRET ADDRESS  CITY-ST-ZIP  Delete  TILE  NAME  STRET ADDRESS  CITY-ST-ZIP  TILE  NAME  STRET ADDRESS  CITY-ST-ZIP  TILE  NAME  STRET ADDRESS  CITY-ST-ZIP  Delete  TILE  NAME  STRET ADDRESS  CITY-ST-ZIP  STRET ADDRESS  CITY-ST-ZIP  Delete  TILE  NAME  STRET ADDRESS  CITY-ST-ZIP  STRET ADDRESS  CITY-ST-ZIP  STRET ADDRESS  CITY-ST-ZIP  TILE  NAME  STRET ADDRESS  STRET ADDRESS	Name Street Address (P.O. Box Number is Not Acceptable)  LTON BCH FL 32548  City  FL  Zip Cod  Title  Titl	

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.