

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47733

FILED  
Jan 09, 2004  
Secretary of State

Entity Name: HEALTHY START COMMUNITY COALITION OF OKALOOSA-WALTON COUNTIES INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

% HEALTHY START OKALOOSA-WAL.  
12 MIRACLE STRIP PKWY. SE, SUITE 204  
FT WALTON BEACH, FL 32548

## Current Mailing Address:

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

## New Mailing Address:

% HEALTHY START OKALOOSA-WAL.  
12 MIRACLE STRIP PKWY. SE, SUITE 204  
FT WALTON BEACH, FL 32548

FEI Number: 59-3115322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOX, EVELYN L  
221 HOSPITAL DRIVE  
FORT WALTON BCH, FL 32548 US

## Name and Address of New Registered Agent:

FOX, EVELYN L  
12 MIRACLE STRIP PKWY. SE,  
SUITE 204  
FORT WALTON BCH, FL 32548 US

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:

01/09/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COLLINS, MARGE  
Address: 340 BEAL PKWY  
City-St-Zip: FORT WALTON BCH, FL

Title: TD ( ) Delete  
Name: HENLEY, CRAWFORD  
Address: 923 DENTON BLVD  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: SD ( ) Delete  
Name: FRESHETTE, CATHERINE  
Address: 137 HOSPITAL DR  
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: ED ( ) Delete  
Name: FOX, EVELYN L  
Address: 221 HOSPITAL DRIVE N.E.  
City-St-Zip: FT. WALTON BEACH, FL 32548

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: COLLINS, MARGIE  
Address: 340 BEAL PKWY  
City-St-Zip: FORT WALTON BCH, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ED (X) Change ( ) Addition  
Name: FOX, EVELYN L  
Address: 12 MIRACLE STRIP PKWY. SE SUITE 204  
City-St-Zip: FT. WALTON BEACH, FL 32548

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN FOX

ED

01/09/2004

Electronic Signature of Signing Officer or Director

Date