

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2005
Secretary of State**

DOCUMENT# N47733

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLLINS, MARGIE
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: 12 MIRACLE STRIP PKWY. SE SUITE 204
City-St-Zip: FT. WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FRESHETTE, KATHERINE
Address: 137 HOSPITAL DRIVE
City-St-Zip: FORT WALTON BCH, FL 32548

Title: TD (X) Change () Addition
Name: SOUTHAM, ROXANNA
Address: P.O. BOX 81
City-St-Zip: NICEVILLE, FL 32588

Title: SD (X) Change () Addition
Name: ALLEN, GAIL
Address: 493 N 9TH STREET
City-St-Zip: DEFUNIAK SPRINGS, FL 32455

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

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 L. FOX

ED

01/06/2005

Electronic Signature of Signing Officer or Director

Date