

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 05, 2006**  
**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: FRESHETTE, KATHERINE  
Address: 137 HOSPITAL DRIVE  
City-St-Zip: FORT WALTON BCH, FL 32548

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

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

Title: ED (X) 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: ( ) 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

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 Chapter 119, 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

01/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date