

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47733

FILED
Jan 05, 2011
Secretary of State

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
Name: RATCLIFFE, WALTERENE
Address: 643 CREEK CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: SEC
Name: SCRIVENER, LEASHIA
Address: 222A W. CERVANTES
City-St-Zip: PENSACOLA, FL 32501

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

Title: TREA
Name: HAIR, KEN
Address: 1000 LUKE'S WAY
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby 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 all other like empowered.

SIGNATURE: EVELYN L. FOX

ED

01/05/2011

Electronic Signature of Signing Officer or Director

Date