

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

1/2

01-21-2003 90510 012 ****61.25

DOCUMENT # N47733

1. Entity Name

HEALTHY START COMMUNITY COALITION OF OKALOOSA-WALTON COUNTIES INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3115322**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HAIGHT, KATHY
107 A SE TUPELO
FORT WALTON BCH FL 32548

Name

Evelyn L Fox

Street Address (P.O. Box Number is Not Acceptable)

221 HOSPITAL Drive

City

FT. WALTON BCH FL

Zip Code

32548

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Evelyn L Fox
Signature, typed or printed name of registered agent and title if applicable.

Evelyn L Fox, Exec. Dir

1-3-03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JONES, ROSEMARY	
STREET ADDRESS	340 BEAL PKWY	
CITY-ST-ZIP	FORT WALTON BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PAPPAS, MELLJ	
STREET ADDRESS	221 HOSPITAL DRIVE, N.E.	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HAIGHT, KATHY	
STREET ADDRESS	107 A S.E. TUPELO	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	ED	<input type="checkbox"/> Delete
NAME	FOX, EVELYN L	
STREET ADDRESS	221 HOSPITAL DRIVE N.E.	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marge Collins	
STREET ADDRESS	340 Beal Pkwy	
CITY-ST-ZIP	Fr Walton Bch, FL	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crawford Hentley	
STREET ADDRESS	923 Denton Blvd	
CITY-ST-ZIP	FT WALTON BCH FL 32547	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Catherine Freshette	
STREET ADDRESS	127 Hospital Dr	
CITY-ST-ZIP	FW B. 32548	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

Evelyn L Fox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Evelyn L Fox S.D.

1-3-03

850-833-9284

Date

Daytime Phone #

CR2E037 (10/02)