FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50256 (9)

1. Corporation Name

HEALTHY START COALITION THREE, INC.

Principal Place of Business	Mailing Address
4306 FIFTH AVENUE MARIANNA FL 32446	4306 FIFTH AVENUE MARIANNA FL 32446

3. Date Incorporated or Qualified: 08/06/1992

3a. Date of Last Report: 04/24/1995

2. Principal Place of Business	2a. Mailing Address
21 2954-A Penn Avenue	26 P.O. Box 921
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Marianna, FL	28 Marianna FL
24 Zip 32448 25 Country USA	29 Zip 32447-0921 30 Country USA

4. FEI Number: 59-3141101 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WRIGHT, LINDA T
HEALTHY START ~~COALITION~~ THREE, INC.
4306 FIFTH AVENUE
MARIANNA FL 32446

10. Name and Address of New Registered Agent

81 Name: Wright, Linda T.
82 Street Address (P.O. Box Number is Not Acceptable): Healthy Start Coalition Three, Inc.
83: 2954-A Penn Avenue
84 City: Marianna FL 85 Zip Code: 32448

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Linda T Wright
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	M	☒ Change ☐ Addition
NAME	WRIGHT, LINDA T		1.2 NAME	Wright, Linda T.	
STREET ADDRESS	4306 FIFTH AVENUE		1.3 STREET ADDRESS	2954-A Penn Avenue	
CITY-ST-ZIP	MARIANNA FL 32446		1.4 CITY-ST-ZIP	Marianna, FL 32448	
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JUSTICE, PATSY		2.2 NAME		
STREET ADDRESS	404 S. BOULEVARD, WEST		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL 32428		2.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RIGSBY, JIMMY		3.2 NAME		
STREET ADDRESS	3045 4TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL 32446		3.4 CITY-ST-ZIP	300001792083	
TITLE		☐ DELETE	4.1 TITLE	-04/24/96--01018--002	☐ Change ☐ Addition
NAME			4.2 NAME	***61.25	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda T. Wright Linda T. Wright 4/18/96 904-482-9254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #