SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
2954-A PENN AVENUE MARIANNA FL 32448	PO BOX 921 MARIANNA FL 32447-0921

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1992	3a. Date of Last Report: 04/23/1996
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WRIGHT, LINDA T
HEALTHY START CAOLITION THREE, INC.
2954-A PENN AVENUE
MARIANNA FL 32448

10. Name and Address of New Registered Agent

81 Name: Goodson, Sandra M.
82 Street Address (P.O. Box Number is Not Acceptable): Healthy Start Coalition Three, Inc.
83: 2954-A Penn Ave.
84 City: Marianna, FL **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: Sandra M. Goodson — Sandra M. Goodson — July 23, 1997
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	M	☒ DELETE	1.1 TITLE	D	~~☒ Change~~ ☐ Addition
NAME	WRIGHT, LINDA T		1.2 NAME	Goodson, Sandra M.	
STREET ADDRESS	2954-A PENN AVENUE		1.3 STREET ADDRESS	2954-A Penn Ave.	
CITY-ST-ZIP	MARIANNA FL 32448		1.4 CITY-ST-ZIP	Marianna, FL 32448	
TITLE	CD	☒ DELETE	2.1 TITLE	C D	~~☒ Change~~ ☐ Addition
NAME	JUSTICE, PATSY		2.2 NAME	Dickson, Billie W.	
STREET ADDRESS	404 S. BOULEVARD, WEST		2.3 STREET ADDRESS	2903 Jefferson Street	
CITY-ST-ZIP	CHIPLEY FL 32428		2.4 CITY-ST-ZIP	Marianna, FL 32446	
TITLE	TR	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RIGSBY, JIMMY				
STREET ADDRESS	3045 4TH STREET				
CITY-ST-ZIP	MARIANNA FL 32446				
TITLE					☐ Change ☐ Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					☐ Change ☐ Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					☐ Change ☐ Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

By deleting 2, adding 2 and leaving 1 we do have 3 directors or trustees in blocks 12 or 13.

CR2E037 (4/97)

14. I do hereby certify that the information supplied with this filing ... rida Statutes. I further certify that the information indicated on this annual report or supplemental a... e same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver o... 7, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachm...

SIGNATURE: [redacted] .../23/97 (850)482-0255