

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50256

Entity Name: CHIPOLA HEALTHY START, INC.

FILED
Jan 07, 2004
Secretary of State

Current Principal Place of Business:

2863 GREEN ST SUITE 2B
MARIANNA, FL 32448

New Principal Place of Business:

Current Mailing Address:

2863 GREEN ST., STE 2B
MARIANNA, FL 32448

New Mailing Address:

FEI Number: 59-3141101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPINK, JANET B
CHIPOLA HEALTHY START INC
2863 GREEN ST SUITE 2B
MARIANNA, FL 32448 US

Name and Address of New Registered Agent:

SPINK, JANET
CHIPOLA HEALTHY START INC
2863 GREEN ST SUITE 2B
MARIANNA, FL 32448 US

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: JANET SPINK

01/07/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SEGERS, HOLLY
Address: 603 SCENIC CIR / PO BOX 337
City-St-Zip: BONIFAY, FL 32425

Title: CC () Delete
Name: WILLIAMS, MARGIE CJC
Address: 309 INDIAN CIR
City-St-Zip: MARIANNA, FL 32446

Title: TR () Delete
Name: RIGSBY, JIMMY
Address: 3045 4TH STREET
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: LAMAR, LISA
Address: 2863 GREEN ST., STE 2B
City-St-Zip: MARIANNA, FL 32448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 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: HOLLY SEGERS

C

01/07/2004

Electronic Signature of Signing Officer or Director

Date