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

**FILED**
**Jul 21, 2003 8:00 am**
**Secretary of State**
07-21-2003 90134 041 ****70.00

000262B

DOCUMENT # N50256

1. Entity Name
CHIPOLA HEALTHY START, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2863 GREEN ST SUITE 2B<br>MARIANNA FL 32448 | PO BOX 921<br>MARIANNA FL 32447-0921 |

CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| | 2863 Green Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc.<br>Suite 2B |
| City & State | City & State<br>Marianna, FL |
| Zip / Country | Zip / Country<br>32448 / Jackson |

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

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SELLERA, ARTITA ← Remove<br>CHIPOLA HEALTHY START INC<br>2863 GREEN ST SUITE 2B<br>MARIANNA FL 32448 | Name → Janet B. Spink<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City **FL** Zip Code |

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 Janet B. Spink Janet B. Spink 07/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**After September 10, 2003, min will be $236.25**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GOODSON, SANDRA M<br>2954-A PENN AVENUE<br>MARIANNA FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Chair<br>Holly Segers-Holmes Co. Health Dept.<br>1603 Scenic Circle / P.O. Box 337<br>Bonifay, FL 32425 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>DICKSON, BILLIE W<br>2903 JEFFERSON ST<br>MARIANNA FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Co-Chair<br>Margie Williams-CJC<br>3094 Indian Circle<br>Marianna, FL 32446 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TR<br>RIGSBY, JIMMY<br>3045 4TH STREET<br>MARIANNA FL 32446 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Lisa Lamar<br>2863 Green St., Suite 2B<br>Marianna, FL 32448 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (4/03)

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:** Lisa Lamar EQ Lisa Lamar 7/11/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #