

**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 # **N51412 (7)**  
1. Corporation Name  
**ESCAMBIA COUNTY HEALTHY START COALITION, INC.**



Principal Place of Business: **4300 BAYOU BLVD. SUITE 25-B PENSACOLA FL 32503 US**  
Mailing Address: **4300 BAYOU BLVD. SUITE 25-B PENSACOLA FL 32503 US**

3. Date Incorporated or Qualified: **10/22/1992**  
3a. Date of Last Report: **02/07/1995**  
4. FEI Number: **59-3151838**  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**MOORE, HEATHER  
4300 BAYOU BLVD.  
SUITE 25-B  
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

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 officer 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: Heather Moore - Heather Moore - Executive Director DATE: 3-28-96

12. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | PD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | GEIGER, ERIC F.         |  |
| STREET ADDRESS | 2520 N YATES AVE        |  |
| CITY-ST-ZIP    | PENSACOLA FL 32503      |  |
| TITLE          | MD                      | <input type="checkbox"/> DELETE            |
| NAME           | MOORE, HEATHER          |  |
| STREET ADDRESS | 4300 BAYOU BLVD., #25-B |  |
| CITY-ST-ZIP    | PENSACOLA FL            |  |
| TITLE          | VD                      | <input type="checkbox"/> DELETE            |
| NAME           | GOLDBERG, DEBBIE        |  |
| STREET ADDRESS | 5151 N. NINTH AVE.      |  |
| CITY-ST-ZIP    | PENSACOLA FL 32513      |  |
| TITLE          | SD                      | <input type="checkbox"/> DELETE            |
| NAME           | ROBINSON, BRENDA        |  |
| STREET ADDRESS | 30 E. TEXAR DR.         |  |
| CITY-ST-ZIP    | PENSACOLA FL 32503      |  |
| TITLE          | TD                      | <input type="checkbox"/> DELETE            |
| NAME           | PORTER, JOHN T          |  |
| STREET ADDRESS | 1000 W MORENO ST        |  |
| CITY-ST-ZIP    | PENSACOLA FL            |  |
| TITLE          |                         | <input type="checkbox"/> DELETE            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                        |  |
|--------------------|------------------------|--|
| 1.1 TITLE          | PD                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Goldberg, Deborah C.   |  |
| 1.3 STREET ADDRESS | 5151 Ninth Ave.        |  |
| 1.4 CITY-ST-ZIP    | Pensacola FL 32504     |  |
| 2.1 TITLE          | VD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | WITTCOFF, HAROLD P. MD |  |
| 2.3 STREET ADDRESS | 8383 N DAVIS HWY       |  |
| 2.4 CITY-ST-ZIP    | PENSACOLA FL 32514     |  |
| 3.1 TITLF          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                        |  |
| 3.3 STREET ADDRESS |                        |  |
| 3.4 CITY-ST-ZIP    |                        |  |
| 4.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                        |  |
| 4.3 STREET ADDRESS |                        |  |
| 4.4 CITY-ST-ZIP    |                        |  |
| 5.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                        |  |
| 5.3 STREET ADDRESS |                        |  |
| 5.4 CITY-ST-ZIP    |                        |  |
| 6.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                        |  |
| 6.3 STREET ADDRESS |                        |  |
| 6.4 CITY-ST-ZIP    |                        |  |

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: Heather Moore DATE: 3-29-96 DAYTIME PHONE #: 904-474-5333

CR2E037 (12/95)