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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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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 32503-2671 US
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3. Date Incorporated or Qualified 10/22/1992	3a. Date of Last Report 04/04/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 59-3151838	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Name
Heather M. Secchiari (Formerly Moore)
82 Street Address (P.O. Box Number is Not Acceptable)
4300 Bayou Blvd.
83
Suite 25-B
84 City
Pensacola 85 Zip Code
FL 32503

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 *Heather M Secchiari* **Heather M. Secchiari**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME GOLDBERG, DEBORAH C.	
STREET ADDRESS 5151 NINTH AVENUE	
CITY-ST-ZIP PENSACOLA FL	
TITLE MD	<input checked="" type="checkbox"/> DELETE
NAME MOORE, HEATHER	
STREET ADDRESS 4300 BAYOU BLVD., #25-B	
CITY-ST-ZIP PENSACOLA FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME GOLDBERG, DEBBIE	
STREET ADDRESS 5151 N. NINTH AVE.	
CITY-ST-ZIP PENSACOLA FL 32513	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME ROBINSON, BRENDA	
STREET ADDRESS 30 E. TEXAR DR.	
CITY-ST-ZIP PENSACOLA FL 32503	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME PORTER, JOHN T	
STREET ADDRESS 1000 W MORENO ST	
CITY-ST-ZIP PENSACOLA FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME WITTCOFF, HAROLD	
STREET ADDRESS 8383 NORTH DAVIS HWY	
CITY-ST-ZIP PENSACOLA FL	

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 Deborah C. Goldberg, Ph.D.	
1.3 STREET ADDRESS 5151 N. Ninth Ave.	
1.4 CITY-ST-ZIP Pensacola, FL 32504	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Harold P. Wittcoff, M.D.	
2.3 STREET ADDRESS 1204 Blue Fox Place	
2.4 CITY-ST-ZIP Pensacola, FL 32514-8900	
3.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Brenda Robinson	
3.3 STREET ADDRESS 30 East Texar	
3.4 CITY-ST-ZIP Pensacola, FL	
4.1 TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME John T. Porter	
4.3 STREET ADDRESS 100 W. Moreno	
4.4 CITY-ST-ZIP Pensacola, FL 32501	
5.1 TITLE MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Heather M. Secchiari	
5.3 STREET ADDRESS 4300 Bayou Blvd, Suite 25-B	
5.4 CITY-ST-ZIP Pensacola, FL 32503	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 M Secchiari* **Heather M. Secchiari** 904-474-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072654

CR2E037 (9/96)