

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business <b>4300 BAYOU BLVD. SUITE 25-B PENSACOLA FL 32503 US</b>	Mailing Address <b>4300 BAYOU BLVD. SUITE 25-B PENSACOLA FL 32503 US</b>
---	---

3. Date Incorporated or Qualified <b>10/22/1992</b>	
4. FEI Number <b>59-3151838</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 5625 Dixie Drive Suite, Apt. #, etc. 22 Suite 3 City &amp; State 23 Pensacola Zip 24 32503</b>	2a. Mailing Address <b>26 5625 Dixie Drive Suite, Apt. #, etc. 27 Suite 3 City &amp; State 28 Pensacola Zip 29 32503</b>	Country <b>25 USA</b>	Country <b>30 USA</b>
--	---	--------------------------	--------------------------

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**SECCHIARI, HEATHER M  
4300 BAYOU BLVD 5625 Dixie Drive  
SUITE 25-B Suite 3  
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent

81 Name <b>Secchiari, Heather M.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>5625 Dixie Drive, Suite 3</b>	
83	
84 City <b>Pensacola</b>	85 Zip Code <b>FL 32503</b>

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 Executive Director 3-13-98  
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 <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>GOLDBERG, DEBORAH C PHD</b>	
STREET ADDRESS <b>5151 N NINTH AVE</b>	
CITY-ST-ZIP <b>PENSACOLA FL</b>	
TITLE <b>ED</b>	<input type="checkbox"/> DELETE
NAME <b>SECCHIARI, HEATHER M MD</b>	
STREET ADDRESS <b>4300 BAYOU BLVD, SUITE 25-B</b>	
CITY-ST-ZIP <b>PENSACOLA FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>ROBINSON, BRENDA</b>	
STREET ADDRESS <b>30 E. TEXAR DR.</b>	
CITY-ST-ZIP <b>PENSACOLA FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>PORTER, JOHN T</b>	
STREET ADDRESS <b>1000 W MORENO ST</b>	
CITY-ST-ZIP <b>PENSACOLA FL</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WITTCOFF, HAROLD P</b>	
STREET ADDRESS <b>1204 BLUE FOX PLACE</b>	
CITY-ST-ZIP <b>PENSACOLA FL 00</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Brenda Robinson</b>	
1.3 STREET ADDRESS <b>30 East Texar</b>	
1.4 CITY-ST-ZIP <b>Pensacola, FL 32503</b>	
2.1 TITLE <b>ED</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Heather M. Secchiari</b>	
2.3 STREET ADDRESS <b>5624 Dixie Drive, Suite 3</b>	
2.4 CITY-ST-ZIP <b>Pensacola, FL 32503</b>	
3.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Melba Darjen</b>	
3.3 STREET ADDRESS <b>5151 North 9th Avenue</b>	
3.4 CITY-ST-ZIP <b>Pensacola, FL 32503</b>	
4.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>John T. Porter</b>	
4.3 STREET ADDRESS <b>1000 W. Moreno Street</b>	
4.4 CITY-ST-ZIP <b>Pensacola, FL 32501</b>	
5.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>John B. Grammer, MD</b>	
5.3 STREET ADDRESS <b>8333 North Davis Highway</b>	
5.4 CITY-ST-ZIP <b>Pensacola, FL 32514</b>	
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 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.  
Phone (850) 474-5333

SIGNATURE: Heather M Secchiari, Heather M. Secchiari Executive Director 3/13/98

CR2E037 (10/97)