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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51412

1. Corporation Name
ESCAMBIA COUNTY HEALTHY START COALITION, INC.

Principal Place of Business
5625 DIXIE DR
SUITE 3
PENSACOLA FL 32503
US

Mailing Address
~~3000 BAYVIEW BLVD~~ 5625 Dixie Dr.
~~SUITE 200~~ Suite 3
~~PENSACOLA FL 32503~~ Pensacola, FL
US 32503



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/22/1992
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3151838
22	27	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24	25 29 30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SECCHIARI, HEATHER M 5625 DIXIE DR SUITE 3 SUITE 200 PENSACOLA FL 32503		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, BRENDA	1.2 NAME	Grammer, John B., MD
STREET ADDRESS	30 E TEXAR	1.3 STREET ADDRESS	8333 N. Davis Hwy
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	ED <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECCHIARI, HEATHER M	2.2 NAME	Ida Nissen
STREET ADDRESS	5624 DIXIE DR SUITE 3	2.3 STREET ADDRESS	3300--N. Pace Blvd., Suite 225
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP	Pensacola, FL 32505
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	DARDEN, MELBA	3.2 NAME	
STREET ADDRESS	5151 N 9TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	PORTER, JOHN T	4.2 NAME	
STREET ADDRESS	1000 W MORENO ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	GRAMMER, JOHN E MD	5.2 NAME	
STREET ADDRESS	8333 N DAVIS HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Heather M. Secchiari* SIGNATURE REQUIRED 4/26/99 850-474-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)