

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51412

FILED  
Mar 24, 2008  
Secretary of State

Entity Name: ESCAMBIA COUNTY HEALTHY START COALITION, INC.

**Current Principal Place of Business:**

5625 DIXIE DRIVE  
SUITE 3  
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

**Current Mailing Address:**

5625 DIXIE DRIVE  
SUITE 3  
PENSACOLA, FL 32503 US

**New Mailing Address:**

FEI Number: 59-3151838      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TROCKI, DEBORAH A  
5625 DIXIE DRIVE  
SUITE 3  
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REINHART, CHERYL MD  
Address: 2116 COPELARE DRIVE  
City-St-Zip: MILTON, FL 32503 US

Title: ED ( ) Delete  
Name: TROCKI, DEBORAH A MSW  
Address: 5625 DIXIE DRIVE, SUITE 3  
City-St-Zip: PENSACOLA, FL 32503

Title: SD ( ) Delete  
Name: HOLCOMB, PAULA  
Address: 4400 BAYOU BLVD., SUITE 46  
City-St-Zip: PENSACOLA, FL 32503

Title: TD ( ) Delete  
Name: PORTER, JOHN T  
Address: 1000 W. MORENO STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: VD ( ) Delete  
Name: MALLEY, PATSY MS  
Address: 4300 BAYOU BLVD., SUITE 2  
City-St-Zip: PENSACOLA, FL 32503 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: DOUGHERTY, ROXANNE MS  
Address: 101 E. ROMANA STREET  
City-St-Zip: PENSACOLA, FL 32502 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH A. TROCKI

ED

03/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date