

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51412

FILED
Mar 16, 2010
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
Name: DOUGHERTY, ROXANNE
Address: 101 E. ROMANA STREET
City-St-Zip: PENSACOLA, FL 32502 US

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

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

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

Title: VD
Name: CONNOLLY, JEANNIE
Address: 8383 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL 32514 US

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH A. TROCKI

ED

03/16/2010

Electronic Signature of Signing Officer or Director

_____ Date