

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000006379

**Entity Name:** A HEALTHY FLORIDA WORKS COALITION, INC.

**Current Principal Place of Business:**

200 W. COLLEGE AVENUE  
SUITE 205  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

200 W. COLLEGE AVENUE  
SUITE 205  
TALLAHASSEE, FL 32301 US

**FEI Number:** 46-3130238

**Certificate of Status Desired:** No

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

MOORE, E. MURRAY JR.  
215 SOUTH MONROE STREET  
2ND FLOOR  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name WILLIAMS, KIM  
Address 200 W. COLLEGE AVENUE  
SUITE 205  
City-State-Zip: TALLAHASSEE FL 32301

*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:** KIM WILLIAMS

**DIRECTOR**

**06/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date