

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47647

**FILED**  
**Jan 24, 2017**  
**Secretary of State**  
**CC0906075995**

**Entity Name:** BAY, FRANKLIN, GULF HEALTHY START COALITION, INC.

**Current Principal Place of Business:**

907 CHERRY STREET  
PANAMA CITY, FL 32401

**Current Mailing Address:**

907 CHERRY STREET  
PANAMA CITY, FL 32401 US

**FEI Number:** 59-3158212

**Certificate of Status Desired:** No

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

SHARON, OWENS M  
907 CHERRY STREET  
PANAMA CITY, FL 32401 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:** SHARON M OWENS

01/24/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name COMMANDER, CAY  
Address 7759 BETTY LOUISE DR.  
City-State-Zip: PANAMA CITY FL 32404

Title PRESIDENT  
Name GINN, MICHELLE  
Address 3434 HIGHWAY 77  
City-State-Zip: PANAMA CITY FL 32405

Title CEO  
Name OWENS, SHARON M  
Address 228 SOUTH CLAIRE DRIVE  
City-State-Zip: PANAMA CITY FL 32401

Title VP  
Name MOORE, ELIZABETH  
Address 203 ABERDEEN PKWY  
City-State-Zip: PANAMA CITY FL 32405

Title DIRECTOR  
Name BODINE, KIM  
Address 5230 W. HIGHWAY 98  
City-State-Zip: PANAMA CITY FL 32401

Title DIRECTOR  
Name DURDEN, JULIE  
Address 3219 NAUTICAL DR.  
City-State-Zip: PANAMA CITY BEACH FL 32409

Title DIRECTOR  
Name HARCUS, CATHY  
Address 525 E. 15TH ST.  
City-State-Zip: PANAMA CITY FL 32405

Title DIRECTOR  
Name HUTT, TREY  
Address 3106 W. 23RD ST.  
City-State-Zip: PANAMA CITY FL 32405

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*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:** SHARON OWENS

**EXECUTIVE DIRECTOR**

01/24/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HUSFELT, CAMILLA  
Address 215 S. CLAIRE DR.  
City-State-Zip: PANAMA CITY FL 32401

Title TREASURER  
Name TERRY, MATT  
Address 202 MARINA DR.  
202  
City-State-Zip: PORT ST. JOE FL 32456

Title DIRECTOR  
Name LOVINGOOD, MARY BETH  
Address 4750 COLLEGIATE DR.  
City-State-Zip: PANAMA CITY FL 32401

Title DIRECTOR  
Name SONYA, CALDWELL  
Address 3110 W. 13TH STREET  
City-State-Zip: PANAMA CITY FL 32405

Title DIRECTOR  
Name PITTS, AMY  
Address 300 TILTON RD.  
City-State-Zip: APALACHICOLA FL 32320

Title DIRECTOR  
Name THACKER, CARLA  
Address 304 MAGNOLIA AVE.  
City-State-Zip: PANAMA CITY FL 32401

Title DIRECTOR  
Name CATHY, DOUGLASS  
Address 449 WEST 23RD STREET  
City-State-Zip: PANAMA CITY FL 32405