

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47647

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

Current Principal Place of Business:

26 W. OAK AVE.
PANAMA CITY, FL 32401

Current Mailing Address:

26 W. OAK AVE.
PANAMA CITY, FL 32401 US

FEI Number: 59-3158212

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHARON, OWENS M
26 W. OAK AVE.
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

04/05/2019

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

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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

04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name NELSON, KRIS
Address 1113 BRADLEY CIR.
City-State-Zip: LYNN HAVEN FL 32444

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