

**2020 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

01/21/2020

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

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

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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**

01/21/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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 MORGAN, ANDREA  
Address 131 E. RIVER ROAD  
City-State-Zip: WEWAHITCHKA FL 32465

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

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