## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47647

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

FILED
Jan 30, 2014
Secretary of State
CC7135790548

## **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 3106 WEST 23RD STREET PANAMA CITY, FL 32405 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 01/30/2014

Electronic Signature of Registered Agent Date

Officer/Director Detail:

 Title
 DIRECTOR
 Title
 TREASURER

 Name
 MONIZ, DION
 Name
 CATHEY, BRIAN

Address 304 MAGNOLIA AVENUE Address 103 NORTH 30TH STREET

City-State-Zip: PANAMA CITY FL 32401 City-State-Zip: MEXICO BEACH FL 32410

Title SECRETARY Title VP

NameCARLSON, BRANDYNameMOORE, ELIZABETHAddress1130 N. BAY DRIVEAddress203 ABERDEEN PKWYCity-State-Zip:LYNN HAVEN FL 32444City-State-Zip:PANAMA CITY FL 32401

Title PRESIDENT Title CEO

Name BODINE, KIM Name OWENS, SHARON M

Address 5230 WEST HIGHWAY 98 Address 228 SOUTH CLAIRE DRIVE City-State-Zip: PANAMA CITY FL 32401 City-State-Zip: PANAMA CITY FL 32401

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 M OWENS EXECUTIVE DIRECTOR 01/30/2014