

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47647

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

Current Principal Place of Business:

2101 NORTHSIDE DR., UNIT 101
PANAMA CITY, FL 32405

Current Mailing Address:

2101 NORTHSIDE DR., UNIT 101
PANAMA CITY, FL 32405 US

FEI Number: 59-3158212

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHARON, TRAINOR M
2101 NORTHSIDE DR., UNIT 101
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 TRAINOR

01/24/2024

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 TRAINOR, SHARON M
Address 218 E. 2ND PLACE
City-State-Zip: PANAMA CITY FL 32401

Title DIRECTOR
Name MOORE, ELIZABETH
Address 450 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

Title PAST PRESIDENT
Name CALDWELL, SONYA
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

Title TREASURER
Name HUTT, ANGIE
Address 1413 COUNTRY CLUB DR.
City-State-Zip: LYNN HAVEN FL 32444

Continues on page 2

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 TRAINOR

EXECUTIVE DIRECTOR

01/24/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name THOMAS, BRAD
Address 1418 W. 23RD ST.
City-State-Zip: PANAMA CITY FL 32405

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

Title DIRECTOR
Name GOODWIN, MARIA
Address 5230 W. HWY 98
City-State-Zip: PANAMA CITY FL 32401

Title DIRECTOR
Name NUNEZ, LUISSETTE
Address 2611 N. HWY 231
City-State-Zip: PANAMA CITY FL 32405