

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47733

Entity Name: HEALTHY START COMMUNITY COALITION OF OKALOOSA-WALTON COUNTIES INC.**FILED**
Mar 02, 2016
Secretary of State
CC4445539819**Current Principal Place of Business:**HEALTHY START OKALOOSA-WAL.
201 MIRACLE STRIP PKWY. SE SUITE C
FT WALTON BEACH, FL 32548**Current Mailing Address:**HEALTHY START OKALOOSA-WAL.
201 MIRACLE STRIP PKWY. SE SUITE C
FT WALTON BEACH, FL 32548 US**FEI Number: 59-3115322****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FOX, EVELYN L
201 MIRACLE STRIP PKWY. SE,
SUITE C
FORT WALTON BCH, FL 32548 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	RATCLIFFE, WALTERENE
Address	643 CREEK CIRCLE
City-State-Zip:	FORT WALTON BEACH FL 32547

Title	ED
Name	FOX, EVELYN L
Address	201 MIRACLE STRIP PKWY. SE SUITE C
City-State-Zip:	FT. WALTON BEACH FL 32548

Title	SECRETARY
Name	HERF, AMY
Address	4381 SOUTH FERDON BLVD CLASSIC CENTER SUITE 3
City-State-Zip:	CRESTVIEW FL 32539

Title	PRESIDENT
Name	HAMBY, MICHAEL ESQ.
Address	1201 EGLIN PKWY.
City-State-Zip:	SHALIMAR FL 32579
Title	TREA
Name	HAIR, KEN
Address	1000 LUKE'S WAY
City-State-Zip:	FORT WALTON BEACH FL 32548
Title	PAST PRESIDENT
Name	SCRIVENER, LEASHIA
Address	3804 N. 9TH AVE
City-State-Zip:	PENSACOLA FL 32503

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: EVELYN L. FOX**EXECUTIVE DIRECTOR****03/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date