

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47733

FILED
Mar 13, 2017
Secretary of State
CC6339701506

Entity Name: HEALTHY START COMMUNITY COALITION OF OKALOOSA-WALTON COUNTIES INC.

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:

BUSH, ARDELLE
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: ARDELLE BUSH

03/13/2017

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 PRESIDENT
Name HAMBY, MICHAEL ESQ.
Address 1201 EGLIN PKWY.
City-State-Zip: SHALIMAR FL 32579

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

Title TREA
Name HAIR, KEN
Address 1000 LUKE'S WAY
City-State-Zip: FORT 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 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: ARDELLE BUSH

EXECUTIVE DIRECTOR

03/13/2017

Electronic Signature of Signing Officer/Director Detail

Date