

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47733

**FILED**  
**Feb 02, 2022**  
**Secretary of State**  
**5395501145CC**

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

**Current Principal Place of Business:**

HEALTHY START OKALOOSA-WAL.  
102 BEAL PARKWAY SW  
FT WALTON BEACH, FL 32548

**Current Mailing Address:**

HEALTHY START OKALOOSA-WAL.  
102 BEAL PARKWAY SW  
FT WALTON BEACH, FL 32548 US

**FEI Number: 59-3115322**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BUSH, ARDELLE  
102 BEAL PARKWAY SW  
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**

**02/02/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ED  
Name BUSH, ARDELLE  
Address 102 BEAL PARKWAY SW  
City-State-Zip: FT. WALTON BEACH FL 32548

Title SECRETARY  
Name HAIR, KEN  
Address 1000 LUKE'S WAY  
City-State-Zip: FORT WALTON BEACH FL 32548

Title DIRECTOR  
Name SIMS, SHIRLEY J  
Address 120 SIMPSON AVENUE  
City-State-Zip: HURLBURT FIELD FL 32544

Title VICE CHAIR  
Name RYAN, TERESA DR  
Address 100 COLLEGE BLVD  
City-State-Zip: NICEVILLE FL 32578

Title TREASURER  
Name SEARLE, JAMI  
Address 32 NW BEAL PARKWAY  
City-State-Zip: FORT WALTON BEACH FL 32548

Title PRESIDENT  
Name HERF, AMY LYNN  
Address 435 BROOKMEAD DR  
City-State-Zip: CRESTVIEW FL 32539

Title BOARD MEMBER  
Name RATCLIFFE, WALLY  
Address 643 CREEK CIRCLE  
City-State-Zip: FORT WALTON BEACH FL 32547

Title BOARD MEMBER  
Name RILEY, ATHENA  
Address 3 PLEW AVENUE  
City-State-Zip: SHALIMAR FL 32579

**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: ARDELLE BUSH**

**ED**

**02/02/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BURNS, MICHELLE  
Address 409 RACETRACK RD NE  
City-State-Zip: FORT WALTON BEACH FL 32547

Title DIRECTOR  
Name BARLOW, BONNIE  
Address 205 SHELL AVENUE  
BUILDING A  
City-State-Zip: FORT WALTON BEACH FL 32548

Title DIRECTOR  
Name FAIR, HENRY  
Address 113 WOODBINE CIRCLE  
City-State-Zip: FORT WALTON BEACH FL 32548

Title DIRECTOR  
Name MARSE, JULIANNE  
Address 7800 US HWY 98 W  
City-State-Zip: MIRAMAR BEACH FL 32550