### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47733

Entity Name: HEALTHY START COMMUNITY COALITION OF OKALOOSA-

WALTON COUNTIES INC.

**FILED** Feb 10, 2020 **Secretary of State** 7422568151CC

### **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 02/10/2020

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

ED Title DIRECTOR Title

BUSH, ARDELLE Name RATCLIFFE, WALTERENE Name

Address 643 CREEK CIRCLE Address 102 BEAL PARKWAY SW

City-State-Zip: FT. WALTON BEACH FL 32548 FORT WALTON BEACH FL 32547 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name SIMS, SHIRLEY J HAIR, KEN Name

120 SIMPSON AVENUE Address Address 1000 LUKE'S WAY

City-State-Zip: HURLBURT FIELD FL 32544 FORT WALTON BEACH FL 32548 City-State-Zip:

Title **PRESIDENT** Title **DIRECTOR** 

Name STACY, CHERYL RYAN, TERESA DR Name

Address 7800 US HIGHWAY 98 WEST Address 100 COLLEGE BLVD

City-State-Zip: MIRAMAR FL 32550 City-State-Zip: NICEVILLE FL 32578

Title **TREASURER** Title VICE PRESIDENT Name SEARLE, JAMI Name FAIR, HENRY

Address 32 NW BEAL PARKWAY Address HEALTHY START OKALOOSA-WAL.

102 BEAL PARKWAY SW

FORT WALTON BEACH FL 32548 City-State-Zip: FT WALTON BEACH FL 32548 City-State-Zip:

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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 02/10/2020

# Officer/Director Detail Continued:

Title SECRETARY Title DIRECTOR

NameBLACK, RENEANameHERF, AMY LYNNAddress1130 N EGLIN PKWYAddress435 BROOKMEAD DRCity-State-Zip:SHALIMAR FL 32579City-State-Zip:CRESTVIEW FL 32539

Title DIRECTOR Title DIRECTOR

NameBURNS, MICHELENameHAWKINS, CHARLAAddress409 RACETRACK RDAddress1000 MAR WALT DR.

City-State-Zip: FORT WALTON BEACH FL 32547 City-State-Zip: FORT WALTON BEACH FL 32547