

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47733

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC4532771650**

**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:**

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           PRESIDENT  
Name           SCRIVNER, LEASHIA  
Address        222A W. CERVANTES  
City-State-Zip: PENSACOLA FL 32501

Title           ED  
Name           FOX, EVELYN L  
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

*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**

**01/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date