2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2020
Secretary of State
9448585272CC

DOCUMENT# N50256

Entity Name: CHIPOLA HEALTHY START, INC.

Current Principal Place of Business:

2944 PENN AVE.
SUITE A
MARIANNA, FL 32448

Current Mailing Address:

P.O. BOX 1006
MARIANNA, FL 32446

FEI Number: 59-3141101

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THERESA, HARRISON R
2944 PENN AVE.
SUITE A
MARIANNA, FL 32448 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: THERESA R HARRISON 01/22/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIRMAN
Name	GRANBERRY, CHEPHUS
Address	P.O. BOX 6185
City-State-Zip:	MARIANNA FL 32447

Title	DIRECTOR
Name	JACKSON, CYNDI
Address	301 NORTH OKLAHOMA STREET
City-State-Zip:	BONIFAY FL 32425

Title	DIRECTOR
Name	MCSPADDIN, JEFF
Address	14286 NW JOE CHASON CIRCLE
City-State-Zip:	BRISTOL FL 32321

Title	DIRECTOR
Name	CHAMBERLAIN, MELISSA
Address	27442 NE CR 69A
City-State-Zip:	ALTHA FL 32421

Title	VC
Name	HILL, JENNIFER
Address	20448 NW PENNINGTON AVE.
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	TREASURER
Name	CORBUS, JUDY
Address	1424 JACKSON AVE. SUITE A
City-State-Zip:	CHIPLEY FL 32428

Title	DIRECTOR
Name	CAUSSEAUX, HANNAH
Address	11836 NW LAKE MYSTIC/DUGGAR ROAD
City-State-Zip:	BRISTOL FL 32321

Title	CEO
Name	HARRISON, THERESA R
Address	4944 WATER OAK DR.
City-State-Zip:	MARIANNA FL 32446

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: THERESA HARRISON EXECUTIVE DIRECTOR 01/22/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HUDSON, CHUCK
Address	P.O. BOX 6416
City-State-Zip:	TALLAHASSEE FL 32314