

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

01/29/2018

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

Title DIRECTOR
Name WALES, JOYCE
Address 852 ORANGE HILL ROAD
City-State-Zip: CHIPLEY FL 32428

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

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

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

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

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

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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: THERESA R HARRISON

EXECUTIVE DIRECTOR

01/29/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NEJA, KEVIN
Address 3944 HWY 90
City-State-Zip: MARIANNA FL 32446

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

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