2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2013
Secretary of State
CC0113979556

DOCUMENT# N50256

Entity Name: CHIPOLA HEALTHY START, INC.

Current Principal Place of Business:

2915 PENN AVE.
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:

GRICE, MONA L
2915 PENN AVE.
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:

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	TREASURER
Name	GAGE, SUZAN
Address	703 WEST 15TH STREET, SUITE A
City-State-Zip:	PANAMA CITY FL 32401

Title	ED
Name	GRICE, MONA L
Address	27278 SR 71 N
City-State-Zip:	ALTHA FL 32421

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

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

Title	DIRECTOR
Name	KEENAN, GLORIA
Address	14043 SW CR 12
City-State-Zip:	BRISTOL FL 32321

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

Title	DIRECTOR
Name	COX, MIL
Address	2464 VESTA LANE
City-State-Zip:	BONIFAY FL 32425

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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: MONA LISA GRICE — EXECUTIVE DIRECTOR — 03/22/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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