



FILED
Sep 26, 2005 8:00 A.M.
Secretary of State

DOCUMENT # N04000004230				Sep 26, 2005 8:00 A.M.	
1. Entity Name GADSDEN COMMUNITY HEALTHY START COALITION, INC.				Secretary of State	
Principal Place of Business 215 W JEFFERSON ST - STE B QUINCY, FL 32351		Mailing Address 215-B W JEFFERSON ST QUINCY, FL 32351			
2. Principal Place of Business 216 N. Adams St Quincy, Florida		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09272005 REIN-NP CR2E099 (6/04)	
City & State 32351		City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JAMES, REGINALD 215-B W JEFFERSON ST QUINCY, FL 32351			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$81.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C <input checked="" type="checkbox"/> Delete	TITLE	Chair <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEWIS, AUDREY	NAME	Sherry Vandenberg		
STREET ADDRESS	35 MLK BLVD	STREET ADDRESS	216 N. Adams St.		
CITY-ST-ZIP	QUINCY, FL 32351	CITY-ST-ZIP	Quincy Florida		
TITLE	VC <input checked="" type="checkbox"/> Delete	TITLE	vice chair <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERRY, ANNIE	NAME	Alma Jones		
STREET ADDRESS	P O BOX 248	STREET ADDRESS	216 N. Adams St		
CITY-ST-ZIP	QUINCY, FL 32351	CITY-ST-ZIP	Quincy, Florida		
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PERRY, LINDA	NAME	Maria Pouncey		
STREET ADDRESS	9 E JEFFERSON ST	STREET ADDRESS	216 N. Adams St		
CITY-ST-ZIP	QUINCY, FL 32351	CITY-ST-ZIP	Quincy Florida		
TITLE	ED <input checked="" type="checkbox"/> Delete	TITLE	Tre <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAMES, REGINALD	NAME	Anthony Fadd		
STREET ADDRESS	215-B W JEFFERSON ST	STREET ADDRESS	216 N. Adams St		
CITY-ST-ZIP	QUINCY, FL 32351	CITY-ST-ZIP	Quincy, Florida		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Sherry Vandenberg		Sep 28, 2005 (855) 627-3			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			