


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 DEC 12 PM 1:30

DOCUMENT # N04000004230	
1. Entity Name GADSDEN COMMUNITY HEALTHY START COALITION, INC.	

Principal Place of Business 216 N. ADAMS ST QUINCY, FL 32351	Mailing Address 216 N. ADAMS ST QUINCY, FL 32351
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2. Principal Place of Business 23186 Blue Star Highway Suite, Apt. #, etc.	3. Mailing Address P.O. Box 131 Suite, Apt. #, etc.
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City & State Quincy FL	City & State Quincy FL
Zip 32351	Zip 32353
Country US	Country US



12122006 REIN-NP CR2E099 (11/05)

4. FEI Number APPLIED FOR 38-3727631	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JAMES, REGINALD 215-B W JEFFERSON ST QUINCY, FL 32351	
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7. Name and Address of New Registered Agent	
Name Kelly Parker	
Street Address (P.O. Box Number is Not Acceptable) 23186 Blue Star Highway	
City Quincy	FL
Zip Code 32351	

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 <i>Kelly L. Parker</i>	12-12-06
Signature, typed or printed name of registered agent and title if applicable.	DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VANLANDINGHAM, SHERRY 216 N. ADAMS ST QUINCY, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Lee Garner P.O. Box 131 Quincy FL 32353 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC JONES, ALMA 216 N. ADAMS ST QUINCY, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Judy Bergantino P.O. Box 131 Quincy, FL 32353 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POVNCEY, MARIA 216 N. ADAMS ST QUINCY, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Carla Holloman P.O. Box 131 Quincy, FL 32351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE TEDD, ANTHONY 216 N. ADAMS ST QUINCY, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE D Arnie Battle P.O. Box 131 Quincy, FL 32351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <i>06</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000080382260 10/06/06--01013--002 ***78.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Arnie M. Battle</i>	Treasurer	12/9/06	850-570-1296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

VIP

A Law & Government Relations Firm



WILLIAMS WILSON & SEXTON, P.A.

December 12, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Gadsden Community Healthy Start Coalition, Inc.
Document Number N04000004230

To Whom It May Concern:

I represent Gadsden Community Healthy Start Coalition, Inc. Submitted for filing is a 2006 Not-For-Profit Corporation Reinstatement Form. My client moved locations prior to receiving notice of the renewal requirements, and consequently did not receive said notice. The current business location is indicated in the submitted form.

My client respectfully requests that the associated reinstatement fee be waived accordingly. Should additional information be needed, please contact me at (850) 224-3999 or at the Tallahassee address below.

Respectfully Submitted,

Douglas D. Sunshine, Esq.