


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000004230</b>	
1. Entity Name GADSDEN COMMUNITY HEALTHY START COALITION, INC.	

Principal Place of Business 15 E. JEFFERSON STREET QUINCY, FL 32351	Mailing Address 15 E. JEFFERSON STREET QUINCY, FL 32351
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02092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 38-3727631	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  PARKER, KELLY 23186 BLUE STAR HIGHWAY QUINCY, FL 32351
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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 <u>Kelly Parker</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD GARNER, ELMON LEE 15 E. JEFFERSON ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PED BERGANTINO, JUDY 15 E. JEFFERSON ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOLLOMAN, CARLA DR 15 E. JEFFERSON ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BATTLE, ARRIE 15 E. JEFFERSON ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/26/07-80017-005 70.00

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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: <u>Kel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ Daytime Phone # _____