

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004230

FILED  
Apr 21, 2008  
Secretary of State

**Entity Name:** GADSDEN COMMUNITY HEALTHY START COALITION, INC.

**Current Principal Place of Business:**

15 E. JEFFERSON STREET  
QUINCY, FL 32351

**New Principal Place of Business:**

447 MERLIN WAY  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

15 E. JEFFERSON STREET  
QUINCY, FL 32351

**New Mailing Address:**

447 MERLIN WAY  
TALLAHASSEE, FL 32301

**FEI Number:** 38-3727631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARKER, KELLY  
23186 BLUE STAR HIGHWAY  
QUINCY, FL 32351 US

**Name and Address of New Registered Agent:**

PARKER, KELLY  
447 MERLIN WAY  
TALLAHASSEE, FL 32301 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:

04/21/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: GARNER, ELMON LEE  
Address: 15 E. JEFFERSON ST  
City-St-Zip: QUINCY, FL 32351

Title: PED ( ) Delete  
Name: BERGANTINO, JUDY  
Address: 15 E. JEFFERSON ST  
City-St-Zip: QUINCY, FL 32351

Title: SD ( ) Delete  
Name: HOLLOMAN, CARLA DR  
Address: 15 E. JEFFERSON ST  
City-St-Zip: QUINCY, FL 32351

Title: TD (X) Delete  
Name: BATTLE, ARRIE  
Address: 15 E. JEFFERSON ST  
City-St-Zip: QUINCY, FL 32351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: WILLIAMS, ANN L  
Address: PO BOX 131  
City-St-Zip: QUINCY, FL 32353

Title: SEC (X) Change ( ) Addition  
Name: FRANKLIN, SHARON  
Address: PO BOX 131  
City-St-Zip: QUINCY, FL 32353

Title: TREA (X) Change ( ) Addition  
Name: JACKSON, CLARENCE  
Address: PO BOX 131  
City-St-Zip: QUINCY, FL 32353

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KELLY PARKER WILLIAMS

DIRE

04/21/2008

Electronic Signature of Signing Officer or Director

Date