

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90012 044 ****61.25

DOCUMENT # N47677

1. Entity Name
**HEALTHY START COALITION OF JEFFERSON,
MADISON, AND TAYLOR COUNTIES, INC.**



Principal Place of Business
**1336 SW GRAND STREET
GREENVILLE, FL 32331**

Mailing Address
**POST OFFICE BOX 568
GREENVILLE, FL 32331**

50001456



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3179955

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLBRITTON, KIMBERLY
110 N GRAND ST
GREENVILLE, FL 32331**

Name
George L. Hinchliffe

Street Address (P.O. Box Number is Not Acceptable)

1336 SW Grand Street

City

Greenville

FL

Zip Code
32331

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

Signature, typed or printed name of registered agent and title if applicable.

George L. Hinchliffe, Executive Director

DATE

1/10/05

**Filing Fee Is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
D
PRIDGEON, GEORGE
STREET ADDRESS
PO BOX 81
CITY-ST-ZIP
GREENVILLE, FL 32331 ☒ Delete

TITLE
NAME
D
Day, Lucille
STREET ADDRESS
112 SW Obadiah St
CITY-ST-ZIP
Greenville, FL 32331 ☐ Change ☒ Addition

TITLE
NAME
D
SANDERS, TIM
STREET ADDRESS
P.O. BOX 237
CITY-ST-ZIP
MADISON, FL 32341 ☐ Delete

TITLE
NAME
VP
Roann, Gladys
STREET ADDRESS
P.O. Box 524
CITY-ST-ZIP
Monticello, FL 32345 ☐ Change ☒ Addition

TITLE
NAME
ST
DRIGGERS, DAVID
STREET ADDRESS
184 HUNTER RIDGE RD
CITY-ST-ZIP
MONTICELLO, FL 32344 ☐ Delete

TITLE
NAME
D
King, Tomica
STREET ADDRESS
1979 Waukeenah Hwy
CITY-ST-ZIP
Monticello, FL 32344 ☐ Change ☒ Addition

TITLE
NAME
P
SCOTT, ERIC
STREET ADDRESS
520 E. LAFAYETTE
CITY-ST-ZIP
PERRY, FL 32347 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
VP
BRUTON, ERNEST
STREET ADDRESS
P.O. BOX 912
CITY-ST-ZIP
MADISON, FL 32341 ☐ Delete

TITLE
NAME
D
Bruton, Ernest
STREET ADDRESS
P.O. Box 202
CITY-ST-ZIP
Greenville, FL 32331 ☒ Change ☐ Addition

TITLE
NAME
D
WALLACE, MARY
STREET ADDRESS
900 E. JULIA ST.
CITY-ST-ZIP
PERRY, FL 32347 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Executive Director, Reg Agent

DATE

1/10/05

DAYTIME PHONE #

(850) 940-2741