

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90037 017 ****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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3179955

Applied For
Not Applicable

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

**HINCHLIFFE, GEORGE L
1336 SW GRAND STREET
GREENVILLE, FL 32331**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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
STREET ADDRESS
CITY-ST-ZIP
**D
DAY, LUCILLE
112 SW OBADIAH ST
GREENVILLE, FL 32331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Roann, Gladys
PO Box 524, Monticello, FL 32344** ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Demps, Carolyn
550 Myrtle St, Perry, FL 32347** ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
BRUTON, ERNEST
P.O. BOX 202
GREENVILLE, FL 32331** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WALLACE, MARY
900 E. JULIA ST.
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GEORGE L. HINCHLIFFE

1/26/2007