

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90010 026 \*\*\*\*61.25

<b>DOCUMENT # N47677</b> 1. Entity Name <b>HEALTHY START COALITION OF JEFFERSON, MADISON, AND TAYLOR COUNTIES, INC.</b>					
Principal Place of Business <b>1336 SW GRAND STREET GREENVILLE, FL 32331</b>			Mailing Address <b>POST OFFICE BOX 568 GREENVILLE, FL 32331</b>		
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		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HINCHLIFFE, GEORGE L 1336 SW GRAND STREET GREENVILLE, FL 32331</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAY, LUCILLE</b>		NAME	<b>Gladys Roann</b>	
STREET ADDRESS	<b>112 SW OBADIAH ST</b>		STREET ADDRESS	<b>PO Box 524</b>	
CITY-ST-ZIP	<b>GREENVILLE, FL 32331</b>		CITY-ST-ZIP	<b>Monticello, FL 32345</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SANDERS, TIM</b>		NAME	<b>Tomica king</b>	
STREET ADDRESS	<b>P.O. BOX 237</b>		STREET ADDRESS	<b>1979 Waukeenah Hwy</b>	
CITY-ST-ZIP	<b>MADISON, FL 32341</b>		CITY-ST-ZIP	<b>Monticello, FL 32344</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DRIGGERS, DAVID</b>		NAME	<b>Carolyn Demps</b>	
STREET ADDRESS	<b>184 HUNTER RIDGE RD</b>		STREET ADDRESS	<b>550 Myrtle St</b>	
CITY-ST-ZIP	<b>MONTICELLO, FL 32344</b>		CITY-ST-ZIP	<b>Perry, FL 32347</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, ERIC</b>		NAME		
STREET ADDRESS	<b>520 E. LAFAYETTE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PERRY, FL 32347</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUTON, ERNEST</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 202</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GREENVILLE, FL 32331</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALLACE, MARY</b>		NAME		
STREET ADDRESS	<b>900 E. JULIA ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PERRY, FL 32347</b>		CITY-ST-ZIP		
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.					
<b>SIGNATURE: <i>George L. Hinchliffe</i> GEORGE L. HINCHLIFFE 2/11/2008</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

(850) 948-2741