2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# N47677

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

Current Principal Place of Business:

1336 SW GRAND STREET
GREENVILLE, FL 32331

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 568
GREENVILLE, FL 32331

New Mailing Address:

FEI Number: 59-3179955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAGAN, DONNA C
1336 SW GRAND STREET
GREENVILLE, FL 32331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: DAY, LUCILE
Address: 112 SW OBADIAH ST
City-St-Zip: GREENVILLE, FL 32331

Title: D
Name: SANDERS, TIM
Address: P.O. BOX 237
City-St-Zip: MADISON, FL 32341

Title: D
Name: DRIGGERS, DAVID
Address: 184 HUNTER RIDGE RD
City-St-Zip: MONTICELL0, FL 32344

Title: D
Name: SCOTT, ERIC
Address: 520 E. LAFAYETTE
City-St-Zip: PERRY, FL 32347

Title: D
Name: BRUTON, ERNEST
Address: P.O. BOX 202
City-St-Zip: GREENVILLE, FL 32331

Title: D
Name: WALLACE, MARY
Address: 900 E. JULIA ST.
City-St-Zip: PERRY, FL 32347

I hereby 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 all other like empowered.

SIGNATURE: LUCILE DAY P 01/05/2011

Electronic Signature of Signing Officer or Director — Date