

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47677

FILED  
Jan 05, 2012  
Secretary of State

**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: D  
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: VP  
Name: NEWMAN, DEIDRA  
Address: 1008 E MARGURITE STREET  
City-St-Zip: PERRY, FL 32347

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

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

Title: P  
Name: ROANN, GLADYS  
Address: P O BOX 524  
City-St-Zip: MONTICELLO, FL 32345

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: DONNA C HAGAN

ED

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date