


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90076 019 ****70.00

DOCUMENT # N47687 1. Entity Name HEALTHY START COALITION OF SANTA ROSA COUNTY, INC.					
Principal Place of Business 6751 BERRYHILL ST MILTON, FL 32570 US			Mailing Address 6751 BERRYHILL ST MILTON, FL 32570 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3122416	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ARNOLD, BETTY 6576 HWY 90 MILTON, FL 32570				7. Name and Address of New Registered Agent Name -Martha-Zimmermann- Street Address (P.O. Box Number is Not Acceptable) 6751 Berryhill Street City Milton FL Zip Code 32570	
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 <u><i>Martha Zimmermann</i></u> DATE <u>8-14-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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/V C COLLINS, DOROTHY <input checked="" type="checkbox"/> Delete 4669 ANNA SIMPSON ROAD MILTON, FL 32583		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V C Dr. Helen Turner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5603 Stewart Street Milton, FL 32570	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T SUTTON, DR. E W <input type="checkbox"/> Delete 6745 TRAMMEL DRIVE MILTON, FL 32570		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C ARNOLD, BETTY <input checked="" type="checkbox"/> Delete 6576 HWY 90 MILTON, FL 32570		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C Cynthia Diamond <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4669 Anna Simpson Road Milton, FL 32583	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ZIMMERMANN, MARTHA <input type="checkbox"/> Delete 6751 BERRYHILL STREET MILTON, FL 32570		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MILLER, JANE J <input checked="" type="checkbox"/> Delete 5774 TRULUCK AVENUE MILTON, FL 32570		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Anna White <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6557 Caroline Street Milton, FL 32570	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Martha Zimmermann</i></u> Executive Director <u>8/14/06</u> <u>8506266751</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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