


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N47687</b> 1. Entity Name <b>HEALTHY START COALITION OF SANTA ROSA COUNTY, INC.</b>	
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Principal Place of Business <b>6751 BERRYHILL ST MILTON, FL 32570 US</b>	Mailing Address <b>6751 BERRYHILL ST MILTON, FL 32570 US</b>
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**DO NOT WRITE IN THIS SPACE**



07162007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3122416</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**ZIMMERMANN, MARTHA  
6751 BERRYHILL ST  
MILTON, FL 32570**

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IN THIS SPACE**

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

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000769892 07/20/07-80008-025 70.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC TURNER, HELEN DR 5603 STEWART ST MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T SUTTON, DR. E W 6745 TRAMMEL DRLIVE MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C DIAMOND, CYNTHIA 4669 ANNA SIMPSON RD MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ZIMMERMANN, MARTHA 6751 BERRYHILL STREET MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WHITE, ANNA 6557 CAROLINE ST MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Marta J Zimmerman Marta J Zimmerman 7-16-07 850 666 6757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #