

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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**

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3122416

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

U00000955070
U7/16/08-80001-022 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

Martha J. Zimmerman **Martha J. Zimmerman**

7-7-08

8506266751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #