

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47687

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** HEALTHY START COALITION OF SANTA ROSA COUNTY, INC.

**Current Principal Place of Business:**

6751 BERRYHILL ST  
MILTON, FL 32570 US

**New Principal Place of Business:**

**Current Mailing Address:**

6751 BERRYHILL ST  
MILTON, FL 32570 US

**New Mailing Address:**

**FEI Number:** 59-3122416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ZIMMERMANN, MARTHA  
6751 BERRYHILL ST  
MILTON, FL 32570 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:** DVC  
**Name:** ARNOLD, BETTY  
**Address:** 8124 GLENVIEW ROAD  
**City-St-Zip:** MILTON, FL 32583

**Title:** D/T  
**Name:** FLEMING, RANDALL N  
**Address:** 3029 DAYBREAK LANE  
**City-St-Zip:** MILTON, FL 32571

**Title:** D/C  
**Name:** JOHNSON, CHANDRIA L MD  
**Address:** 5950 BERRYHILL ROAD, SUITE B  
**City-St-Zip:** MILTON, FL 32570

**Title:** M  
**Name:** ZIMMERMANN, MARTHA  
**Address:** 6751 BERRYHILL STREET  
**City-St-Zip:** MILTON, FL 32570

**Title:** DS  
**Name:** WHITE, ANNA  
**Address:** 144 MALONE ROAD  
**City-St-Zip:** MILTON, FL 32570

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:** MARTHA J ZIMMERMANN

M

02/17/2010

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

\_\_\_\_\_  
Date