

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47733

FILED
Jan 04, 2007
Secretary of State

Entity Name: HEALTHY START COMMUNITY COALITION OF OKALOOSA-WALTON COUNTIES INC.

Current Principal Place of Business:

% HEALTHY START OKALOOSA-WAL.
12 MIRACLE STRIP PKWY. SE, SUITE 204
FT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

% HEALTHY START OKALOOSA-WAL.
12 MIRACLE STRIP PKWY. SE, SUITE 204
FT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-3115322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOX, EVELYN L
12 MIRACLE STRIP PKWY. SE,
SUITE 204
FORT WALTON BCH, FL 32548 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: PD () Delete
Name: FRESHETTE, KATHERINE
Address: 137 HOSPITAL DRIVE
City-St-Zip: FORT WALTON BCH, FL 32548

Title: TD () Delete
Name: SOUTHAM, ROXANNA
Address: P.O. BOX 81
City-St-Zip: NICEVILLE, FL 32588

Title: ED () Delete
Name: FOX, EVELYN L
Address: 12 MIRACLE STRIP PKWY. SE SUITE 204
City-St-Zip: FT. WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FRESHETTE, KATHERINE
Address: 487 MANAGUA WAT
City-St-Zip: MARY ESTHER, FL 32569

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EVELYN L. FOX

ED

01/04/2007

Electronic Signature of Signing Officer or Director

Date