2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47733

FILED Jan 05, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-3115322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FOX, EVELYN L 12 MIRACLE STRIP PKWY. SE, SUITE 204 FORT WALTON BCH, FL 32548 US

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

Name: RATCLIFFE, WALTERENE Address: 643 CREEK CIRCLE

City-St-Zip: FORT WALTON BEACH, FL 32547

Title: SEC

Name: SCRIVENER, LEASHIA
Address: 222A W. CERVANTES
City-St-Zip: PENSACOLA, FL 32501

Title: ED

Name: FOX, EVELYN L

Address: 12 MIRACLE STRIP PKWY, SE SUITE 204

City-St-Zip: FT. WALTON BEACH, FL 32548

Title: TREA
Name: HAIR, KEN
Address: 1000 LUKE'S WAY

City-St-Zip: FORT WALTON BEACH, FL 32548

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: EVELYN L. FOX ED 01/05/2011