2002 UNIFORM BUSINESS REPORT (ÜBR)

SIGNATURE:

May 29, 2002 8:00 am Secretary of State **DOCUMENT # N50256** 1. Entity Name 05-06-2002 90042 018 ****70.00 HEALTHY START COALITION THREE, INC. Principal Place of Business Mailing Address 2954-A PENN AVENUE PO BOX 921 MARIANNA FL 32448 Marianna Fl 32447-0921 2. Principal Place of Business 3. Mailing Address 2863 Green Street Post Office Box 921 Suite, Apt. #, etc. Sulte, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>Suite 2B</u> City & State City & State 4. FEI Number Applied For Marianna. 59-3141101 <u>arianna.</u> FI Not Applicable Zip Country Country \$8.75 Additional USA 32//7~00 6. Name and Address of Current Registered Agent 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Sellers Arlita= GOODSON, SANDRA M Street Address (P.O. Box Number is Not Acceptable) HEALTHY START CAOLITION THREE, INC. <u>Chipola Healthy Start, Inc</u> 2954-A PENN AVENUE <u> 2863 Green Street. Suite 2B</u> MARIANNA FL 32448 Zip Code Marianna 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D Delete TITLE Chair ☐ Change GOODSON, SANDRA M Addition NAME NAME Segers, Holly ò STREET ADDRESS 2954-A PENN AVENUE STREET ADDRESS 603 Scenic Circle E837 CITY-ST-ZIP MARIANNA FL CITY-ST-ZIE Bonifay, FL 32425 TITLE CD X Delete TITLE Vice Chair ☐ Change : 🔀 Addition NAME DICKSON, BILLIE W NAME Williams, Margie STREET ADDRESS 2903 JEFFERSON ST STREET ADDRESS 3094 Indian Circle CITY-ST-ZIP MARIANNA FL CITY-ST-719 Marianna FL 32447 TITLE Delete TITLE Secretary/Tresurer RIGSBY, JIMMY, ☐ Change Addition NAME MAME Emtzgeräld;;Gheryl STREET ADDRESS 3045 4TH STREET STREET ADDRESS 4295TKelson Avenue CITY-ST-7IP Marianna Fl 32446 CITY-ST-78 <u>Marianna, FL 32446</u> TITLE ☐ Defete TITLE Executive Committee Member ☐ Change . 🔯 Addition NAME NAME Df6RsonffBillieStreet STREET ADDRESS STREET ADDRESS 2903=Jefferson Street CITY-ST-ZIP CITY-ST-ZIP Marianna, FL 32447 TITLE ☐ Delete IIII F Board Member ☐ Change ★ Addition NAME NAME Hester, Patti STREET ADDRESS STREET ADDRESS 17370 NW Main Street CITY-ST-ZIP CITY-ST-ZIP Blountstown. FL 32424 TITLE ☐ Delete Board Member ☐ Change **Addition** NAME Wales, Joyce STREET ADDRESS STREET ADDRESS 739 West Blvd CITY-ST-ZIP CITY-ST-ZIP Chipley. FL 32428 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(i), 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 the corporation of the corporation or on an attachment with an address, with all other like impowered.

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