

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50256

FILED
Feb 15, 2007
Secretary of State

Entity Name: CHIPOLA HEALTHY START, INC.

Current Principal Place of Business:

4349 LAFAYETTE STREET
BUILDING 2
MARIANNA, FL 32446

New Principal Place of Business:

4349 LAFAYETTE STREET
MARIANNA, FL 32446

Current Mailing Address:

4349 LAFAYETTE STREET
BUILDING 2
MARIANNA, FL 32446

New Mailing Address:

4349 LAFAYETTE STREET
MARIANNA, FL 32446

FEI Number: 59-3141101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMAR, LISA
4349 LAFAYETTE STREET
BUILDING 2
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

SPINK, JANET B
4349 LAFAYETTE STREET
MARIANNA, FL 32446 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: JANET B. SPINK

02/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SEGERS, HOLLY
Address: 603 SCENIC CIR / PO BOX 337
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: ODOM, DAVID
Address: 19611 SR 20 W
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: JACKSON, CYNDI
Address: PO BOX 1210
City-St-Zip: BONIFAY, FL 32425

Title: D (X) Change () Addition
Name: WALES, JOYCE
Address: 853 ORANGE HILL ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: D () Change (X) Addition
Name: WEST, CAROLYN
Address: 4440 PUTNAM STREET
City-St-Zip: MARIANNA, FL 32446

Title: D () Change (X) Addition
Name: JUDY, CORBUS
Address: 1428 JACKSON AVENUE, SUITE A
City-St-Zip: CHIPLEY, FL 32428

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: CYNDI JACKSON

C

02/15/2007

Electronic Signature of Signing Officer or Director

Date