

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50256

FILED
Apr 23, 2008
Secretary of State

Entity Name: CHIPOLA HEALTHY START, INC.

Current Principal Place of Business:

4349 LAFAYETTE STREET
MARIANNA, FL 32446

New Principal Place of Business:

2840 JEFFERSON STREET
MARIANNA, FL 32448

Current Mailing Address:

4349 LAFAYETTE STREET
MARIANNA, FL 32446

New Mailing Address:

P.O. BOX 1006
MARIANNA, FL 32446

FEI Number: 59-3141101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPINK, JANET B
4349 LAFAYETTE STREET
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

SPINK, JANET B
2840 JEFFERSON STREET
MARIANNA, FL 32448 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:

04/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: OLDS, MARY
Address: 4283 KELSON AVENUE
City-St-Zip: MARIANNA, FL 32446

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 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: JANET B. SPINK

ED

04/23/2008

Electronic Signature of Signing Officer or Director

Date