

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50256

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: CHIPOLA HEALTHY START, INC.

## Current Principal Place of Business:

2840 JEFFERSON STREET  
MARIANNA, FL 32448

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1006  
MARIANNA, FL 32446

## New Mailing Address:

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  
2840 JEFFERSON STREET  
MARIANNA, FL 32448 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: C ( ) Delete  
Name: JACKSON, CYNDI  
Address: PO BOX 1210  
City-St-Zip: BONIFAY, FL 32425

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: KEENAN, GLORIA  
Address: P.O. BOX 399  
City-St-Zip: BRISTOL, FL 32321

Title: D (X) Change ( ) Addition  
Name: JOSEPHINE, ROBINSON FLOYD  
Address: 846 ORANGE HILL ROAD  
City-St-Zip: CHIPLEY, FL 32428

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

01/16/2009

Electronic Signature of Signing Officer or Director

Date