

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50256

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** CHIPOLA HEALTHY START, INC.

**Current Principal Place of Business:**

4636 US 90 EAST  
SUITE M  
MARIANNA, FL 32446

**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  
4636 HIGHWAY 90 EAST  
SUITE M  
MARIANNA, FL 32446 US

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

GRICE, MONA L  
4636 HIGHWAY 90 EAST  
SUITE M  
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: MONA LISA GRICE

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: GRANBERRY, CHEPHUS  
Address: P.O. BOX 6185  
City-St-Zip: MARIANNA, FL 32447

Title: VP  
Name: HILL, JENNIFER  
Address: 16651 SE RIVER STREET  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: T  
Name: SUZAN, GAGE  
Address: 200 FOREST PARK CIRCLE  
City-St-Zip: PANAMA CITY, FL 32405

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: MONA LISA GRICE

MRS.

02/17/2011

Electronic Signature of Signing Officer or Director

Date