

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