

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50256

FILED  
Apr 22, 2012  
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 ( )**

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

GRICE, MONA L  
4636 HIGHWAY 90 EAST  
SUITE M  
MARIANNA, FL 32446 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  
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: GAGE, SUZAN  
Address: 703 WEST 15TH STREET, SUITE A  
City-St-Zip: PANAMA CITY, FL 32401

Title: D  
Name: KEENAN, GLORIA  
Address: 14043 SW CR 12  
City-St-Zip: BRISTOL, FL 32321

Title: ED  
Name: GRICE, MONA L  
Address: 27278 SR 71 N  
City-St-Zip: ALTHA, FL 32421

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 L. GRICE

ED

04/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date