2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N51412

1. Entity Name
ESCAMBIA COUNTY HEALTHY START COALITION, INC.

Principal Place of Business	Mailing Address
5625 DIXIE DRIVE SUITE 3 PENSACOLA, FL 32503 US	5625 DIXIE DRIVE SUITE 3 PENSACOLA, FL 32503 US

DO NOT WRITE IN THIS SPACE

01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3151838
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TROCKI, DEBORAH A
5625 DIXIE DRIVE
SUITE 3
PENSACOLA, FL 32503

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Deborah Trocki Jan 13, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REINHART, CHERYL MD
STREET ADDRESS	2116 COPELARE DRIVE
CITY-ST-ZIP	MILTON, FL 32503
TITLE	ED
NAME	TROCKI, DEBORAH A MSW
STREET ADDRESS	5625 DIXIE DRIVE, SUITE 3
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	SD
NAME	HOLCOMB, PAULA
STREET ADDRESS	4400 BAYOU BLVD., SUITE 46
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	TD
NAME	PORTER, JOHN T
STREET ADDRESS	1000 W. MORENO STREET
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	VD
NAME	GONZALES, TARA L MD
STREET ADDRESS	1099 CHARDELLE LAKE DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000396488
01/30/06-80012-012 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deb Trocki 1/13/2006 850-474-5337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #