

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 OCT -3 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003264

1. Corporation Name

PARTNERSHIP FOR A HEALTHY COMMUNITY, INC.

2. Principal Office Address

1717 N. E ST.

Suite, Apt. #, etc.

SUITE 320

City & State

PENSACOLA, FL

Zip

32501

Country

3. Mailing Office Address

1717 N. E ST.

Suite, Apt. #, etc.

SUITE 320

City & State

PENSACOLA, FL

Zip

32501

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3393911

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

PATRICIA DUNN COLE

Street Address (P.O. Box Number is Not Acceptable)

1717 N. E ST.

Suite, Apt. #, Etc.

SUITE 320

City

PENSACOLA

State

FL

Zip Code

32501

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Patricia Dunn Cole*

REGISTERED AGENT MUST SIGN

Date

9/22/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	SEE ATTACHED UPDATED LIST FOR		
	OFFICERS / DIRECTORS		
		<i>10/14</i>	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Patricia Dunn Cole*  
*Patricia Dunn Cole*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/22/06

Daytime Phone #

(850)  
478-4297

# *Partnership for a Healthy Community*

Board of Directors 2006-2007

## Officers:

**Jim Mills, President**  
5527 Stewart Street

**Santa Rosa County Health Dept.-Retired**  
Milton, FL 32570

**John Clark, Vice President**  
875 Royce Street

**Council on Aging of West Florida, Inc.**  
Pensacola, FL 32504

**Carol Calfee, Secretary**  
5086 Canal Street

**Santa Rosa School System**  
Milton, FL 32570

**David Sjoberg, Treasurer**  
1717 North "E" Street

**Baptist Health Care**  
Pensacola, FL 32501

## Board of Director:

**Wayne Peacock**  
190 Governmental Center

**Escambia Court Administrator**  
Pensacola, FL 32502

**Manny Haragones**  
30 East Texar Street

**Escambia County School System**  
Pensacola, FL 32503

**Samuel A. Horton**  
c/o 1020 Palisade Road

**100 Black Men of Pensacola, Inc.**  
Pensacola, FL 32504

**Paul Rollings, Ph.D.**  
160 Governmental St.

**FL Dept. of Children and Families**  
Pensacola, FL 32501

**John Lanza, M.D.**  
1295 West Fairfield Dr.

**Escambia County Health Dept.**  
Pensacola, FL 32501

**Steve Van Gogh**  
5151 North 9th Ave.

**Sacred Heart Health System**  
Pensacola, FL 32504

**Pete Gandy**  
600 Berryhill Street

**Santa Rosa Medical Center**  
Milton, FL 32570

**Reed Bell, M.D.**  
c/o 1025 Wind chime Way

**Esc. County Medical Society Foundation**  
Pensacola, FL 32403

**Don Turner**  
2200 North Palafox Street

**Escambia & Santa Rosa Comm. Clinics**  
Pensacola, FL 32501

***Partnership Board of Directors- Page 2.***

**Beverly Zimmern  
c/o 623 Baycliff Circle**

**Steve Pettitt  
9999 Chemstrand Rd.**

**Guy Thompson  
6568 Caroline Street, Suite 100**

**Jerry Maygarden  
1717 North "E" Street**

**Pat Dunn-Cole, Exec. Director  
c/o 6249 Enclave Drive**

**City Council-Gulf Breeze, Fl  
Gulf Breeze, Fl 32561**

**Health & Hope Clinic  
Pensacola, Fl 32514**

**United Way of SRC/Mayor City of Milton  
Milton, Fl 32570**

**Baptist Health Care Foundation  
Pensacola, Fl 32501**

***Partnership for a Healthy Community*  
Pensacola, Fl 32504**



**TO: Department of State**  
**FROM: Pat Dunn Cole**  
**DATE: Sept. 26, 2006**  
**SUBJECT: Reinstatement for YR 2006-2007**

**This letter is in regards to the recent telephone call made to your office for updating the annual information on the *Partnership for a Healthy Community*. I was instructed to provide this letter of confirmation and an updated list of Officers and Board of Directors for 2006-2007. The forms provided on-line were to be used.**

**The information from you office this year was not received and mailed to an incorrect address. As noted in forms last year, 2005, the mailing address for our organizations had been changed due to hurricane damage to the office by Hurricane Ivan (fall 2004).**

**Also enclosed is the check for this processing (\$61.25 and \$8.75) in the total amount of \$70.00. If you have any questions I can be reached at the following:**

**Pat Dunn-Cole, Exec. Director**  
**c/o 1717 North E Street, Admin. Suite**  
**Pensacola, FL 32501**  
**850-478-4297**  
**Partnership Fax: 476-6043**  
**Email: pfahc@cs.com**