

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003264

FILED
May 14, 2008
Secretary of State

Entity Name: PARTNERSHIP FOR A HEALTHY COMMUNITY, INC.

Current Principal Place of Business:

1717 N. E ST.
SUITE 320
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

1717 N. E ST.
SUITE 320
PENSACOLA, FL 32501 US

New Mailing Address:

FEI Number: 59-3393911 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DUNN-COLE, PATRICIA
1717 NE STREET
SUITE 320
PENSACOLA, FL 32501 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SJOBERG, DAVID
Address: 1717 NORTH E STREET
City-St-Zip: PENSACOLA, FL 32501

Title: V () Delete
Name: CLARK, JOHN
Address: 875 ROYCE STREET
City-St-Zip: PENSACOLA, FL 32504

Title: S () Delete
Name: CALFEE, CAROL
Address: 5086 CANAL STREET
City-St-Zip: MILTON, FL 32570

Title: T () Delete
Name: SJOBERG, DAVID
Address: 1717 NORTH E STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: DUNN_COLE, PAT
Address: 1900 VILLAFANE DR
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA DUNN-COLE

D

05/14/2008

Electronic Signature of Signing Officer or Director

Date