2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# N96000003264

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 ( )**
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:

DUNN-COLE, PATRICIA
1717 NE STREET
SUITE 320
PENSACOLA, FL 32501 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:	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:	D	(X) Change ( ) Addition
Name:	DUNN-COLE, PAT	
Address:	1900 VILLAFANE DR	
City-St-Zip:	PENSACOLA, FL 32503	

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: DUNN-COLE, PAT D 05/13/2009
Electronic Signature of Signing Officer or Director — Date