

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003264

FILED
Apr 30, 2010
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:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-3393911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

DUNN-COLE, PATRICIA
1717 NORTH E 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: PATRICIA DUNN-COLE

04/30/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: D
Name: DUNN-COLE, PAT
Address: 1900 VILLAFANE DR
City-St-Zip: PENSACOLA, FL 32503

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: PATRICIA DUNN-COLE

DIRE

04/30/2010

Electronic Signature of Signing Officer or Director

Date