

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50256

Entity Name: CHIPOLA HEALTHY START, INC.**Current Principal Place of Business:**2944 PENN AVE.
SUITE A
MARIANNA, FL 32448**Current Mailing Address:**2944 PENN AVE.
SUITE A
MARIANNA, FL 32448 US**FEI Number:** 59-3141101**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THERESA, HARRISON R
2944 PENN AVE.
SUITE A
MARIANNA, FL 32448 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:** THERESA R HARRISON

01/24/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name GRANBERRY, CHEPHUS
Address P.O. BOX 6185
City-State-Zip: MARIANNA FL 32447

Title DIRECTOR
Name JACKSON, CYNDI
Address 3650 BUDFIELD RD
City-State-Zip: GRACEVILLE FL 32440

Title TREASURER
Name CORBUS, JUDY
Address 1424 JACKSON AVE.
SUITE A
City-State-Zip: CHIPLEY FL 32428

Title DIRECTOR
Name CHAMBERLAIN, MELISSA
Address 27442 NE CR 69A
City-State-Zip: ALTHA FL 32421

Title CEO
Name HARRISON, THERESA R
Address 4930 DOGWOOD DRIVE
City-State-Zip: MARIANNA FL 32446

Title DIRECTOR
Name WEBB, BRIANA
Address 1150 CLOVERDALE RD.
City-State-Zip: GRACEVILLE FL 32440

Title DIRECTOR
Name LEE, MYLISA
Address 117 S. WAUKESHA ST.
City-State-Zip: BONIFAY FL 32425

Title DIRECTOR
Name WALDORFF, JORDAN
Address 11078 NW LAKE MYSTIC DUGGER RD.
City-State-Zip: BRISTOL FL 32321

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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: THERESA HARRISON

EXECUTIVE DIRECTOR

01/24/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SANSOM, BROOKE
Address	16783 NW EG BUCK LARKINS RD.
City-State-Zip:	BRISTOL FL 32321