FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **702348** **(4)**

1. Corporation Name

OKALOOSA-WALTON BAR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
204 BUCK DRIVE FT. WALTON BEACH FL 32548 US	P.O. BOX 2230 FT. WALTON BEACH FL 32549

3. Date Incorporated or Qualified: **04/27/1961**
3a. Date of Last Report: **10/16/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STONE, WILLIAM F
204 BUCK DRIVE
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STONE, WILLIAM F		1.2 NAME	
STREET ADDRESS	204 BUCK DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BAUMAN, STEVEN B		2.2 NAME	
STREET ADDRESS	25 WALTER MARTIN ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	TROELL, LISA		3.2 NAME	
STREET ADDRESS	415 MOUNTAIN DR., #3		3.3 STREET ADDRESS	P.O. ~~Box 385~~ 737 Highway 98 East
CITY-ST-ZIP	DESTIN FL 32541		3.4 CITY-ST-ZIP	~~Destin, FL 32540~~ Destin, FL 32541
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WELLS, KELVIN C		4.2 NAME	
STREET ADDRESS	25 WALTER MARTIN RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WHITNEY, BOBBY L		5.2 NAME	800001783308
STREET ADDRESS	1201 EGLIN PKWY		5.3 STREET ADDRESS	-04/17/96--01017--025
CITY-ST-ZIP	SHALIMAR FL		5.4 CITY-ST-ZIP	***61.25
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KNOPES, T. MARTIN A		6.2 NAME	
STREET ADDRESS	420 E. PINE STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL		6.4 CITY-ST-ZIP	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lisa A Troell — 3-19-96 — (904) 837-3115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #