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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
25 WATER MARTIN RD NE FT WALTON BCH FL 32548 US	PO BOX 22379 FT. WALTON BEACH FL 32549 US

3. Date Incorporated or Qualified: 04/27/1961

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

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WELLS, KEVIN C.
25 WALTER MARTIN RD NE
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name: Wells, Kelvin C.
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	D	☒ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	STONE, WILLIAM F		1.2 NAME	Campbell, James C.	
STREET ADDRESS	204 BUCK DRIVE		1.3 STREET ADDRESS	184 Eglin Parkway N.E. Suite 2	
CITY-ST-ZIP	FT. WALTON BEACH FL		1.4 CITY-ST-ZIP	Fort Walton Beach, FL 32548	
TITLE	PD	☒ 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	T	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	MURRAY, ALICE		3.2 NAME	Murray, Alice H.	
STREET ADDRESS	102 BAYSHORE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE	PD	☒ 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	S	☐ DELETE	5.1 TITLE	VP	☒ Change ☐ Addition
NAME	HAUGHT, BRUCE		5.2 NAME		
STREET ADDRESS	501 HWY 98 E, STE G		5.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PEEK, HAROLD F. JR		6.2 NAME		
STREET ADDRESS	303 WASHINGTON DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	VALPARAISO FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Alice H. Murray SIGNATURE REQUIRED Alice H. Murray 1/12/98 (850)678-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #