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03-02-1999 90093 029 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **702348**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/27/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☒ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WELLS, KELVIN C.
25 WALTER MARTIN RD NE
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	SD	☐ DELETE	1.1 TITLE	VP, D	☒ Change ☐ Addition
NAME	CAMPBELL, JAMES C.		1.2 NAME		
STREET ADDRESS	184 EGLIN PARKWAY N.E. SUITE 2		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL 32548		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MURRAY, ALICE H.		2.2 NAME		
STREET ADDRESS	102 BAYSHORE DR		2.3 STREET ADDRESS	3 Clifford Drive	
CITY-ST-ZIP	NICEVILLE FL		2.4 CITY-ST-ZIP	Shalimar FL 32579	
TITLE	PD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WELLS, KELVIN C		3.2 NAME		
STREET ADDRESS	25 WALTER MARTIN RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	HAUGHT, BRUCE		4.2 NAME		
STREET ADDRESS	501 HWY 98 E, STE G		4.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	Ginger Bowden Madden		5.2 NAME		
STREET ADDRESS	State Attorney's Office		5.3 STREET ADDRESS		
CITY-ST-ZIP	Okaloosa County Courthouse Annex Shalimar, FL 32579		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/20/99 (850) 651-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #