

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90182 050 ****61.25

DOCUMENT # 702348

1. Entity Name

OKALOOSA-WALTON BAR ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**50 CORTE PALMA
SANTA ROSA BEACH FL 32459
US**

**PO BOX 22379
FT. WALTON BEACH FL 32549
US**

2. Principal Place of Business

3. Mailing Address

607 Highway 98 East
Suite, Apt. #, etc.

607 Highway 98 East
Suite, Apt. #, etc.

City & State

City & State

Destin, FL

Destin, FL

Zip **32541**

Country **USA**

Zip **32541**

Country **USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, MELISSA E
50 CORTE PALMA
SANTA ROSA BEACH FL 32459**

Name **Daniel C. O'Rourke**

Street Address (P.O. Box Number is Not Acceptable)

607 Highway 98 East

City

Destin

FL

Zip Code **32541**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Daniel C. O'Rourke, Vice President 04-25-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **JOHNSON, RICHARD**
STREET ADDRESS **204 BUCK DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **PD** ☒ Change ☐ Addition
NAME **Johnson, Richard**
STREET ADDRESS **25 Walter Martin Road, NE**
CITY-ST-ZIP **Fort Walton Beach, FL 32549**

TITLE **PD** ☒ Delete
NAME **JOHNSON, MELISSA E**
STREET ADDRESS **50 CORTE PALMA**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE **DVP** ☒ Change ☐ Addition
NAME **Daniel C. O'Rourke**
STREET ADDRESS **607 Highway 98 East**
CITY-ST-ZIP **Destin, FL 32541**

TITLE **DVP** ☒ Delete
NAME **WHITEHEAD, SCOTT**
STREET ADDRESS **4507 FURLING LANE SUITE 209**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **SD** ☐ Change ☒ Addition
NAME **Wanda J. Clapp**
STREET ADDRESS **607 Highway 98 East**
CITY-ST-ZIP **Destin, FL 32541**

TITLE **TD** ☐ Delete
NAME **O'ROURKE, DANIEL**
STREET ADDRESS **607 HIGHWAY 98**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **TO** ☐ Change ☒ Addition
NAME **Kirby H. Williams**
STREET ADDRESS **151 Regions Way, Suite 6-A**
CITY-ST-ZIP **Destin, FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **Daniel C. O'Rourke, V.P.**

(850) 837-3662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)