

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2006
Secretary of State**

DOCUMENT# 703118

Entity Name: OKALOOSA COUNTY ASSOCIATION OF INDEPENDENT INSURANCE AGENTS, INC.

Current Principal Place of Business:

301 N FERDON BLVD
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 185
FT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 59-2897951 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PARKER, FRANK
301 N FERDON BLVD
CRESTVIEW, FL 32539 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: WALKER, WAYNE
Address: 1881 W HWY 98
City-St-Zip: MARY ESTHER, FL 32569

Title: STD () Delete
Name: HAYS, RONALD
Address: 151 MARY ESTHER BLVD
City-St-Zip: MARY ESTHER, FL 32569

Title: PD () Delete
Name: PARKER, FRANK
Address: 301 N. FERDON BLVD
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: WALKER, WAYNE
Address: 1881 W HWY 98
City-St-Zip: MARY ESTHER, FL 32569

Title: PD (X) Change () Addition
Name: HURSTON, ROD
Address: 99 EGLIN PARKWAY
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VPD (X) Change () Addition
Name: PARKER, FRANK
Address: 301 N. FERDON BLVD
City-St-Zip: CRESTVIEW, FL 32539

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WAYNE WALKKER

STD

04/20/2006

Electronic Signature of Signing Officer or Director

Date