

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 703118

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



Principal Place of Business

**301 N FERDON BLVD
CRESTVIEW, FL 32539**

Mailing Address

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

DO NOT WRITE IN THIS SPACE



03232007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2897951

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
WALKER, WAYNE
1881 W HWY 98
MARY ESTHER, FL 32569**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HURSTON, ROD
99 EGLIN PARKWAY
FORT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
PARKER, FRANK
301 N. FERDON BLVD
CRESTVIEW, FL 32539**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000679194
04/03/07-80027-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Wayne Walker **K. Wayne Walker** **3/23/07** **850-581-4925**