

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703118

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

45 EGLIN PARKWAY NW, SUITE 202  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

45 EGLIN PARKWAY NW, SUITE 202  
FORT WALTON BEACH, FL 32548

**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:**

WALKER, KENNETH W  
45 EGLIN PARKWAY NW  
SUITE 202  
FORT WALTON BEACH, FL 32548 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: STD  
Name: WALKER, KENNETH W  
Address: 45 EGLIN PARKWAY NW, SUITE 202  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VPD  
Name: HURSTON, ROD  
Address: 1701 WEST GARDEN STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: PD  
Name: HARRIS, JAMES  
Address: 51 MARY ESTHER BLVD  
City-St-Zip: MARY ESTHER, FL 32569

I hereby 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 all other like empowered.

SIGNATURE: KENNETH WAYNE WALKER

STD

03/22/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date