

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 713002 (4)  
1. Corporation Name  
**THE BOYS AND GIRLS CLUB OF OKALOOSA COUNTY, INC.**



Principal Place of Business: 923 DENTON BLVD FT WALTON BEACH FL 32547-1652  
Mailing Address: 923 DENTON BLVD FT WALTON BEACH FL 32547-1652

3. Date Incorporated or Qualified: 06/27/1967  
3a. Date of Last Report: 03/06/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-1267050 Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent  
**HENDERSON, WILLIAM A JR  
909 MARWALT DR. #1021  
FT WALTON BCH FL 32547**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, BILL	
STREET ADDRESS	151 MARY ESTHER BLVD	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ZURICK, RICK	
STREET ADDRESS	217 PAGE BACON ROAD	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, BERNARD, JR.	
STREET ADDRESS	140 HOLLYWOOD BLVD	
CITY-ST-ZIP	FT. WALTON BEACH FL 32549-2887	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HENDERSON, BILL	
STREET ADDRESS	909 MARWATT DR #1021	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FALLON, RICHARD	
STREET ADDRESS	722 N. BEAL PKWY, SUITE E	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Vann III	
1.3 STREET ADDRESS	1131 Muirfield Way	
1.4 CITY-ST-ZIP	Niceville, Fl 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bill Burns	
2.3 STREET ADDRESS	151 Mary Esther Blvd #407	
2.4 CITY-ST-ZIP	Mary Esther, Fl 32569	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Frank Walker	
6.3 STREET ADDRESS	423 NE Racetrack Rd,	
6.4 CITY-ST-ZIP	Ft. Walton Beach, Fl 32547	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: \_\_\_\_\_ DATE: 4/15/96 DAYTIME PHONE #: (904) 862-4164

CR2E037 (12/96)