

FILE NOW: FILING FEE IS \$61.25

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Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90070 044 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713002**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/27/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1267050
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**VAN MATER, JOYCE**  
11 BAY DRIVE  
FT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name McDowell, Renate	85 Zip Code 32548
82 Street Address (P.O. Box Number is Not Acceptable) 43 Arizona Dr.	
83	
84 City Ft. Walton Beach, FL	

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: *Renate McDowell* **Renate McDowell, Secretary** DATE: 3-22-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	ABRAHMS, DONALD	<input type="checkbox"/> DELETE
STREET ADDRESS 1010 MIRACLE STRIP PARKWAY	FT. WALTON BEACH FL 32548	
TITLE PED	HICKS, PEGGY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS P.O. BOX 277, N/A	DESTIN FL 32540	
TITLE VPD	SAAL, PETE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 2004 LEWIS TURNER #B	FT. WALTON BEACH FL 32547	
TITLE VPD	CHAVEZ, DENNIS	<input type="checkbox"/> DELETE
STREET ADDRESS 111 SE FERRY ROAD	FT. WALTON BEACH FL 32548	
TITLE S	ALLEN, STACEY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS P.O. BOX 277, N/A	DESTIN FL 32540	
TITLE T	VAN MATER, JOYCE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 11 BAY DRIVE	FORT WALTON BEACH FL 32548	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Pres. Elect <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Chalker, Gerry
2.3 STREET ADDRESS	61 Hillcrest-Dr.
2.4 CITY-ST-ZIP	Shalimar, FL 32579
3.1 TITLE	Vice Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Smith, Eric
3.3 STREET ADDRESS	151 Mary Esther #408
3.4 CITY-ST-ZIP	Mary Esther, FL 32569
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	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	McDowell, Renate
5.3 STREET ADDRESS	43 Arizona Dr.
5.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32548
6.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dillman, Bill
6.3 STREET ADDRESS	6 C Hollywood Blvd.
6.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32548

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **NOTARIAL SIGNATURE REQUIRED** DATE: 22 Mar 99 DAYTIME PHONE #: (850) 862-1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (11/98)