2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N06000012085

Entity Name: NORTH OKALOOSA PERFORMING ARTS ASSOCIATION INC.

Current Principal Place of Business:

296 SOUTH FERDON BOULEVARD
SUITE 7
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

296 SOUTH FERDON BOULEVARD
SUITE 7
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 20-5914902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROPER, CONNIE R
296 SOUTH FERDON BOULEVARD
SUITE 5
CRESTVIEW, FL 32536 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: P ( ) Delete
Name: BULGER, LARRY
Address: 1142 FARMER STREET
City-St-Zip: CRESTVIEW, FL 32539

Title: VP ( ) Delete
Name: ROPER, CONNIE R
Address: 131 PHILLIPS DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: S ( ) Delete
Name: REIKER, ILONA B
Address: 2408 MARINA DRIVE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: T ( ) Delete
Name: LUNDY, JIMMY L
Address: 5720 GRIFFITH MILL ROAD
City-St-Zip: BAKER, FL 32531

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CONNIE ROPER VP 04/30/2007

Electronic Signature of Signing Officer or Director — Date