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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N18637 (1)

1. Corporation Name

OKALOOSA COALITION ON THE HOMELESS, INCORPORATED

Principal Place of Business	Mailing Address
7 BOB-O-LINK NE FT. WALTON BEACH FL 32548 US	P.O. BOX 5589 FT. WALTON BEACH FL 32549-5589 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1987
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-2754795 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

LACKEY, MARTHA C.
5 CASWELL CIRCLE
MARY ESTHER FL 32569

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D ☐ Change ☒ Addition
NAME	BROWN, RANDY	1.2 NAME	MARIE BURNS
STREET ADDRESS	10 LAKEVIEW DR.	1.3 STREET ADDRESS	304 YACHT CLUB DR
CITY-ST-ZIP	MARY ESTHER FL	1.4 CITY-ST-ZIP	FORT WALTON BCH, FL
TITLE	VP	2.1 TITLE	D ☐ Change ☒ Addition
NAME	RAHE, TED	2.2 NAME	MARK CHASTAIN
STREET ADDRESS	327 ELDRIDGE ROAD	2.3 STREET ADDRESS	206 WOODLAND PARK CR
CITY-ST-ZIP	FT. WALTON BEACH FL	2.4 CITY-ST-ZIP	MARY ESTHER FL
TITLE	VP	3.1 TITLE	VP/Secy ☒ Change ☐ Addition
NAME	DELLA CAMERA IRWIN , ADRIENNE	3.2 NAME	Cecilia Regans
STREET ADDRESS	47 AMNIS DR.	3.3 STREET ADDRESS	189 Eglin Pkwy NW
CITY-ST-ZIP	SHALIMAR FL	3.4 CITY-ST-ZIP	Fort Walton Beach FL
TITLE	D	4.1 TITLE	D ☐ Change ☒ Addition
NAME	BERG, DORIS	4.2 NAME	BOB LARSON
STREET ADDRESS	59 POQUITO ROAD	4.3 STREET ADDRESS	4 LONGWOOD DR
CITY-ST-ZIP	SHALIMAR FL	4.4 CITY-ST-ZIP	SHALIMAR FL
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	BODY, YVONNE	5.2 NAME	CHARLOTTE NEIGHBORS
STREET ADDRESS	723 GREENWOOD APT. 2	5.3 STREET ADDRESS	15 TALL PINE TR
CITY-ST-ZIP	FT. WALTON BEACH FL	5.4 CITY-ST-ZIP	SHALIMAR FL
TITLE	D	6.1 TITLE	TRES ☐ Change ☒ Addition
NAME	GARNETT, ED	6.2 NAME	KEVIN BOWYER
STREET ADDRESS	723 GREEDWOOD APT. 4	6.3 STREET ADDRESS	152 LINSTEW DR
CITY-ST-ZIP	FT. WALTON BEACH FL	6.4 CITY-ST-ZIP	FORT WALTON BCH FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption listed 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.

SIGNATURE: Kevin D. Bowyer Kevin D. Bowyer, TREASURER 2/20/95 (904) 244-5121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072046