FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name N18637

(1)

OKALOOSA COALITION ON THE HOMELESS, INCORPORATED

OWNEC	OOR OOREIIN	or the no	MELEOO, 11100111	VIII				
Principal Place of Business			Mailing Address					
FT. WALTON BEACH FL 32548			P.O. BOX 5589 FT. WALTON BEACH FL 32549-5589 US					
							3. Date Incorporated or Qualified 3a. Date of Last Report 01/07/1987 05/01/1996	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For 59-2754795 Applied For	
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.			.,	SS 75 Additional	
22			27				5. Certificate of Status Desired Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country			Zip Coun				8. This corporation has liability for intangible tax under s. 199.032,	
24	25		9	30			Florida Statutes	
	9. Name and Ad	dress of Current Re	gistered Agent		64 T		10. Name and Address of New Registered Agent	
				'	81	Name		
LACKEY, MARTHA C. 5 CASWELL CIRCLE				Ţ	82 Street Address (P.O. Box Number is Not Acceptable)			
MARY ESTHER FL 32569					63	.,		
					84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-pamed 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE DATE								
12. OFFICERS AND DIRECTORS							ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD		☐ DELETE	1,1 T/M	.E		PD Addition	
NAME	BROWN, RANI	PΥ		1.2 NA	ΜE		RAHE, TED	
STREET ADDRESS	10 LAKEVIEW			1.3 STR	EET.	ADDRESS	RAHE, TED 327 ELDRIDGE RD.	
City-ST-ZIP	MARY ESTHE	R FL		1.4 CIT	Y-\$1		FT WALTON BEACH FL 32547	
TITLE	VP		☐ DELETE	2.1 TIT	LE	ľ	VP Change Maddition	
NAME	RAHE, TED			2.2 NAI	WE		MARLER, THOMAS	
STREET ADDRESS	327 ELDRIDGE			2.3 STR	REET	ADDRESS	796 MAVY	
CITY - ST - ZIP	FT. WALTON	BEACH FL	-	2 4 CI		T-ZiP	FT. WALTON BEACH FL 31547	
TITLE	VPS	M1	▼ DELETE	3.1 TITI			∨P □ Change ► Addition	
NAME	REGANS, CEC			3.2 NA			FISH, JULIE	
STREET ADDRESS	189 EGLIN PK						320 RACETRACK RD NW	
CITY-ST-ZIP	FT WALTON E	EAUTI FL	⋈ DELETE	3.4. CIT			FT WALTON BEACH FL 32547	
TITLE	D Berg, Doris		D DECETE	4.1 T(T)		1	LEROIT ATEC	
NAME OZDCET ADDOEGO	59 POQUITO	DUVU		4. 2 NA			In an HEALTHCARE HVE.	
STREET ADDRESS	SHALIMAR FL	noab		4.3 ST		AUDICOO I	NAVARRE, FL. 32.566	
CITY-ST-ZIP TITLE	D		▼ DELETE	5.1 TITI		1-215	Change Addition	
NAME	BODY, YVON	Æ	the same	5.2 NAI		1	BROWN, RANDY IOLAKEVIEW DR MARY ESTHER, FL 32569	
STREET ADDRESS	723 GREENW					ADORESS	IN MULVIEW DR	
CITY-ST-ZIP	FT. WALTON			5.4 CIT		T-7IP	MARY ESTHER FL 32569	
TITLE	D		DELETE	6.1 TIT	_			
NAME	GARNETT, ED			6.2 NA		ĺ	GARNETT, ED 30 HOLLY AVE	
STREET ADDRESS	723 GREEDW					address	30 HOLLY AVE	
CITY-ST-ZIP	FT. WALTON	BEACH FL		6.4 CIT	Y-S	T-ZIP	19HALIMAR FL 323 79	
14. I do heret	14. I do 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								