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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

3. Date Incorporated or Qualified: 01/07/1987

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 24 / Country 25	Zip 29 / Country 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 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 _____ 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	D	☐ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	BROWN, RANDY		1.2 NAME	McGAUGHY, TAMMY	
STREET ADDRESS	10 LAKEVIEW DR.		1.3 STREET ADDRESS	102 LISA MARIE PLACE	
CITY-ST-ZIP	MARY ESTHER FL		1.4 CITY-ST-ZIP	Shalimar, FL 32579	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RAHE, TED		2.2 NAME		
STREET ADDRESS	327 ELDRIDGE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FISH, JULIE		3.2 NAME		
STREET ADDRESS	320 RACETRACK RD NW		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ATES, DEBBIE		4.2 NAME		
STREET ADDRESS	2068 HEALTHCARE AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GARNETT, ED		5.2 NAME		
STREET ADDRESS	30 HOLLY AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR FL		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	MARLET, THOMAS		6.2 NAME	MARLER, Thomas	
STREET ADDRESS	796 NAVY		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL 32547		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Tammy S. McGaughy Treasurer 1/6/98 850 244-6121