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02-25-1999 90007 006 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N18637**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	01/07/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2754795 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LACKEY, MARTHA C. 5 CASWELL CIRCLE MARY ESTHER FL 32569	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	SECRETARY	☐ Change ☑ Addition
NAME	BROWN, RANDY		1.2 NAME	LACKEY, MARTY	
STREET ADDRESS	10 LAKEVIEW DR.		1.3 STREET ADDRESS	5 CASWELL CIRCLE	
CITY-ST-ZIP	MARY ESTHER FL		1.4 CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	PD	☑ DELETE	2.1 TITLE	DIRECTOR	☑ 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	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCGAUGHY, TAMMY		4. 2 NAME		
STREET ADDRESS	102 LISA MARIE PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR FL 32579		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	GARNETT, ED		5.2 NAME	Crawford, Faye	
STREET ADDRESS	30 HOLLY AVE		5.3 STREET ADDRESS	3238 Crawford Rd	
CITY-ST-ZIP	SHALIMAR FL		5.4 CITY-ST-ZIP	Crestview FL 32536	
TITLE	VP	☐ DELETE	6.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	MARLER, THOMAS		6.2 NAME		
STREET ADDRESS	796 NAVY		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL 32547		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Tammy McGaughy RE Treasurer 1/12/99 (850) 244-5121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #