2/6/(
2/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
02-06-2001 90296 020 ****61.25

DOCUMENT # N18637

1. Entity 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

39686

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2754795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LACKEY, MARTHA C. 5 CASWELL CIRCLE MARY ESTHER FL 32569	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MP D TIDWELL, LEWIE 221 NW CHATEAUGAY FORT WALTON BEACH FL 32547	☐ Delete	D MIKE WHITFIELD 4047 KATS CT DESTIN, FL 32541	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROOKS, JOHN W III 115 PRYOR DR MARY ESTHER FL 32569	☐ Delete	VP-D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HANSFORD, DEBORAH 914 SPRUCE CT FORT WALTON BEACH FL 32547	☒ Delete	S-D GREEN, ELSIE 313 GOLDENROD CT NICEVILLE, FL 32578	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCGAUGHY, TAMMY 102 LISA MARIE PLACE SHALIMAR FL 32579	☒ Delete	T-D MAJOR OOTEN 520 SANTA ROSA BLVD #517 FORT WALTON BEACH, FL 32548	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAWFORD, FAYE 3238 CRAWFORD RD CRESTVIEW FL 32536	☒ Delete	VP-D JOHN MOON 129 PAMELA ANN DR. FORT WALTON BEACH, FL 32548	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P - D MARLER, THOMAS 796 NAVY FT. WALTON BEACH FL 32547	☐ Delete	D TED RAHE 327 ELDREDGE RD FORT WALTON BEACH, FL 32548	☐ Change ☒ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Martha C. Lackey Thomas Marler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARTHA C. LACKEY ~~9 JAN 2001~~ Date 4-16-01 (850)243-5648 Daytime Phone #