2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State
02-04-2002 90006 047 ****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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6 Bobolink St. N.E.	6 Bobolink St. N.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Walton Beach, FL	City & State: Ft. Walton Beach, FL
Zip: 32548 Country: US	Zip: 32548 Country: US

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	D TIDWELL, LEWIE 221 NW CHATEAUGAY FORT WALTON BEACH FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BROOKS, JOHN W III 115 PRYOR DR MARY ESTHER FL 32569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GREEN, ELISE 313 GOLDRENROD NICEVILLE FL 32578	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Whitfield, Michael 4047 Kats Ct. Destin, FL 32541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD OOTEN, MAJOR 520 SMITH RD BLVD #517 FORT WALTON BEACH FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAHE, TED 327 ELDREDGE RD FORT WALTON BEACH FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARLER, THOMAS 796 NAVY FT. WALTON BEACH FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Thomas Marler, President of Board, Director 01/18/02 850862-1352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #