# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 07, 2004 8:00 am**
**Secretary of State**
05-07-2004 90135 011 ****61.25

**54053540**

DOCUMENT # N18637

1. Entity Name
OKALOOSA COALITION ON THE HOMELESS, INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 6 BOBOLINK ST NE<br>FT. WALTON BEACH, FL 32548 US | 6 BOBOLINK ST NE<br>FT. WALTON BEACH, FL 32548 US |

05042004 Chg-NP CR2E037 (10/03)

| 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.<br>5 CASWELL CIRCLE<br>MARY ESTHER, FL 32569 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is $61.25**
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>TIDWELL, LEWIE<br>221 NW CHATEAUGAY<br>FORT WALTON BEACH, FL 32547 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MELVIN, JERRY<br>38 MIRACLE STRIP PKWY<br>FORT WALTON BEACH, FL 32548 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 2nd Vice President<br>Michael P. Ellis<br>408 Bear Road<br>Ft Walton Beach, FL 32547 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>WHITFIELD, MICHAEL<br>4047 KATS CT<br>DESTIN, FL 32541 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GILL, TOMMY<br>217 SW MIRACLE STRIP PKWY<br>FORT WALTON BEACH, FL 32548 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>RAHE, TED<br>327 ELDREDGE RD<br>FORT WALTON BEACH, FL 32548 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MOON, JOHN<br>128 PAMELA DR<br>FT. WALTON BEACH, FL 32547 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Martha C. Lackey martha lackey 5/4/04 243-5448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #