2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State
01-14-2005 90018 027 ****61.25

DOCUMENT # N18637

1. Entity Name
OKALOOSA COALITION ON THE HOMELESS, INCORPORATED

40001024

Principal Place of Business	Mailing Address
6 BOBOLINK ST NE FT. WALTON BEACH, FL 32548 US	6 BOBOLINK ST NE FT. WALTON BEACH, FL 32548 US

01042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
6 BOBOLINK ST NE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Walton Beach, FL	City & State
Zip: 32548 Country: Okaloosa	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. 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 May 1, 2005

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 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	D MELVIN, JERRY 38 MIRACLE STRIP PKWY FORT WALTON BEACH, FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	840 Santa Rosa Ct. Fort Walton Beach, FL 32548	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2V ELLIS, MICHAEL P. 408 BEAR ROAD FORT WALTON BEACH, FL 32547	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MINGO, BRIAN 1402 Beverly St Fort Walton Beach, FL 32547	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GILL, TOMMY 217 SW MIRACLE STRIP PKWY FORT WALTON BEACH, FL 32548	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARLER, Thomas 796 Navy St Fort Walton Bch, FL 32547	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RAHE, TED 327 ELDREDGE RD FORT WALTON BEACH, FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOON, JOHN 128 PAMELA DR FT. WALTON BEACH, FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☒ 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: Rhodalee Rahe 1/10/05 850-244-4418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #