2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State
03-05-2007 90043 040 ****61.25

DOCUMENT # N18637

1. Entity Name
OKALOOSA COALITION ON THE HOMELESS, INCORPORATED

Principal Place of Business	Mailing Address
8 BOBOLINK ST NE FT. WALTON BEACH, FL 32548 US	8 BOBOLINK ST NE FT. WALTON BEACH, FL 32548 US

02222007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2007

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	SD SANSOM, CHARLES SR 1862 STELLA LN FORT WALTON BEACH, FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MELVIN, JERRY 840 SANTA ROSA CT FORT WALTON BEACH, FL 32548	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ELLIS, SHAUN 127 BEACH DR FORT WALTON BEACH, FL 32547 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MINGO, BRIAN 1402 BEVERLY ST FORT WALTON BEACH, FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1009 ASPEN CT FORT WALTON BEACH, FL 32547
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MARLER, THOMAS 796 NAVY ST FORT WALTON BEACH, FL 32547	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FELL, JAMES E 508 HWY 98, UNIT 302 DESTIN, FL 32541 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAHE, TED 327 ELDREDGE RD FORT WALTON BEACH, FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition RAHE, THEODORE D.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAM MIKE FEAZELL 140 SW HOLLYWOOD BLVD FORT WALTON BEACH, FL 32548 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Theodore D Rahe Theodore D. Rahe, Pres 2/28/07 850 429-0981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

400285785

BLOCK 11 (CONTINUED) DOC # N18637

TITLE	D	ADDITION
NAME	JOE NELSON	
STREET ADDRESS	10 EIGHTH ST	
CITY-STATE-ZIP	SHALIMAR, FL 32579	

TITLE	D	ADDITION
NAME	JOHN P. RICTER	
STREET ADDRESS	26 WALNUT AVE	
CITY-STATE-ZIP	SHALIMAR, FL 32579	