

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18637

FILED
Apr 27, 2012
Secretary of State

Entity Name: OKALOOSA COALITION ON THE HOMELESS, INCORPORATED

Current Principal Place of Business:

8 BOBOLINK ST NE
FT. WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

8 BOBOLINK STREET NE
FT. WALTON BEACH, FL 32548 US

New Mailing Address:

FEI Number: 59-2754795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELFRICH, MARYANN EX DIR
8 BOBOLINK STREET, N.E.
FT. WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: B
Name: SANSOM, CHARLES SR
Address: 1862 STELLA LN
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: B
Name: FELL, JAMES E
Address: 508 HWY 98 UNIT 302
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: T
Name: VAN LEEUWN, WILMA
Address: 240 BROOKS ST
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: B
Name: SMITH, NATE
Address: 949 POCAHONTAS DR.
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: B
Name: RAHE, TED
Address: 327 ELDREDGE RD
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: B
Name: WHITFIELD, MIKE
Address: 184 BROOKS STREET
City-St-Zip: FT. WALTON BEACH, FL 32548

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARYANN HELFRICH

D

04/27/2012

Electronic Signature of Signing Officer or Director

Date