2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State
07-17-2003 90029 026 ****61.25

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DOCUMENT # N18637

1. Entity Name

OKALOOSA COALITION ON THE HOMELESS, INCORPORATED

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

☐ CHECK HERE IF MAKING CHANGES

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. 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

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

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	D TIDWELL, LEWIE 221 NW CHATEAUGAY FORT WALTON BEACH FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☒ 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	D MELVIN, JERRY 38 MIRACLE STRIP PKWY FORT WALTON BEACH, FL 32548	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WHITFIELD, MICHAEL 4047 KATS CT DESTIN FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	TD GILL, TOMMY L. 217 SW MIRACLE STRIP PKWY FORT WALTON BEACH, FL 32548	☐ 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	SD	☒ 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	PD MOON, JOHN 128 PAMELA DR FORT WALTON BEACH FL 32547	☐ Change ☒ Addition

CR2E037 (4/03)

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: SIGNATURE REQUIRED THEODORE O RAHE 7/10/03 850 244 5648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #