

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000005572 (3)**

1. Corporation Name

OKALOOSA COUNTY AFRICAN-AMERICAN CULTURAL ASSOCIATION, INC (OCAACA)



Principal Place of Business

Mailing Address

CHESTER PRUITT CENTER
15 CARSON DR
FT. WALTON BEACH FL 32548
US

PO BOX 2
FT. WALTON BEACH FL 32549
US

3. Date Incorporated or Qualified
12/10/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-3240068

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SANFORD, JEAN L~~
~~87 12TH ST~~
~~SHALIMAR FL 32579~~

Tanya Y. Robinson
1642 N. Campbell Dr
FWB FL 32547

81 Name *Tanya Y. Robinson*

82 Street Address (P.O. Box Number Is Not Acceptable)
1642 N. Campbell Dr

83

84 City *FWB*

85 FL

Zip Code *32547*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Tanya Y. Robinson

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBINSON, TANYA	
STREET ADDRESS	1642 N. CAMPBELL DR.	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KELLEY, LEROY	
STREET ADDRESS	174 MARCIA DRIVE	
CITY-ST-ZIP	MARY ESTHER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SEABROOKS, MICHELLE	
STREET ADDRESS	310A CLIFFORD ST	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	TT	<input type="checkbox"/> DELETE
NAME	FLORENCE, MARY	
STREET ADDRESS	406 RUE DES TOURS	
CITY-ST-ZIP	MARY ESTHER FL	
TITLE	ATT	<input checked="" type="checkbox"/> DELETE
NAME	SANFORD, JEAN LAVINE	
STREET ADDRESS	87 12TH ST.	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<i>TANYA Y. Robinson</i>	
STREET ADDRESS	<i>1642 N. Campbell Dr</i>	
CITY-ST-ZIP	<i>FWB FL 32547</i>	

1.1 TITLE	President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kenneth G. McNeil	
1.3 STREET ADDRESS	200 White St. #3	
1.4 CITY-ST-ZIP	Niceville, FL 32578	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth G. McNeil* 27 Jan 96 904-678-8398

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (12/95)