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Apr 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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 FRUIT CENTER  
16 CARSON DR  
FT. WALTON BEACH FL 32548  
US

PO BOX 2  
FT. WALTON BEACH FL 32549-0002  
US

3. Date Incorporated or Qualified  
12/10/1993

3a. Date of Last Report  
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Troy State Univ.  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 81 Beal Hwy SE  
City & State

27 City & State

23 Ft. Wal Beach FL  
Zip Country

28 Zip Country

24 32548 25 US

29 30

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

ROBINSON, TANYA Y.  
4642 N CAMPBELL DR.  
FT WALTON BCH FL 32547

B1 Name Crooms, Michael W  
B2 Street Address (P.O. Box Number is Not Acceptable) 825 BI DEL ORLEANS  
B3  
B4 City Mary Esther FL 85 Zip Code 32569

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 *Mary Florence* *Michael W. Crooms* DATE 3-11-97  
Signature typed and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCNEIL, KENNETH G.	
STREET ADDRESS	200 WHITE ST #3	
CITY-ST-ZIP	NICEVILLE 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	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, TANYA Y.	
STREET ADDRESS	1642 N CAMPBELL DR	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Crooms, Michael	
1.3 STREET ADDRESS	825 BI DEL ORLEANS	
1.4 CITY-ST-ZIP	MARY ESTHER FL 32569	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Elliott	
2.3 STREET ADDRESS	105 Wright Pkwy Apt 4	
2.4 CITY-ST-ZIP	FT WALTON FL 32548	
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 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE: *Mary Florence* *Michael W. Crooms* DATE 3-11-97  
Signature typed and printed name of signing officer or director

CR2E037 (9/96)