


FILE NOW: FILING FEE IS \$61.25

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**Mar 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005572 (3)
 1. Corporation Name
OKALOOSA COUNTY AFRICAN-AMERICAN CULTURAL ASSOCIATION, INC (OCAACA)



Principal Place of Business TROY STATE UNIV. 81 BEAL PKWY SE FT. WALTON BEACH FL 32548 US	Mailing Address PO BOX 2 FT. WALTON BEACH FL 32549 US
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3. Date Incorporated or Qualified 12/10/1993		
4. FEI Number 59-3240068	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CROOMS, MICHAEL L.
825 BIDELE ORLEANS
MARY ESTER FL 32569**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CROOMS, MICHAEL	
STREET ADDRESS	825 BI DEL ORLEANS	
CITY-ST-ZIP	MARY ESTHER FL	
TITLE	VD	<input checked="" 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	408 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	VD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIOTTE, ROBERT	
STREET ADDRESS	105 WRIGHT PKWY	
CITY-ST-ZIP	FT WALTON BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	FELTON BARNES
2.4 CITY-ST-ZIP	2749 SAVANNAH LN CRESTVIEW FL 32539-8356
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2650 TOPAZ WAY
5.4 CITY-ST-ZIP	TALLAHASSEE FL 32308
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 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 if changed, or in an attachment with address.

SIGNATURE: *[Signature]* Feb 24, 1998 850-862-0111

CR2E037 (10/97)