

FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005717 (1)
1. Corporation Name
OKALOOSA ACADEMY, INCORPORATED



Principal Place of Business 111 STAR DRIVE FT WALTON BEACH FL 32547	Mailing Address 111 STAR DRIVE FT WALTON BEACH FL 32547-1329
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3. Date Incorporated or Qualified 11/07/1996		3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3401752	Applied For <input type="checkbox"/> Not Applicable
21	26 11 RACETRACK ROAD	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. Suite D-2	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 City & State	28 City & State Fort Walton Beach	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country
		32547	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WHITE, JERRY 111 STAR DRIVE FT WALTON BEACH FL 32547				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	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 reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADER, BILLIE T DR.	1.2 NAME	
STREET ADDRESS	814 WEST MULBERRY ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE CO 80027	1.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADER, BILLIE T DR.	2.2 NAME	
STREET ADDRESS	814 WEST MULBERRY ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE CO 80027	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADER, LINDA K	3.2 NAME	
STREET ADDRESS	824 WEST MULBERRY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE CO 80027	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, WILLIAM DR.	4.2 NAME	
STREET ADDRESS	1460 ASPEN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	EVERGREEN CO 80439	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: *Billie T. Rader* **REQUIRED** Date: **4/23/97** Daytime Phone #: **303-314-6568**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)