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FILED
May 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000005717 (1)
1. Corporation Name
OKALOOSA ACADEMY, INCORPORATED



Principal Place of Business: 111 STAR DRIVE FT WALTON BEACH FL 32547
Mailing Address: 11 RACETRACK RD STE. D-2 FT WALTON BEACH FL 32547 US

3. Date Incorporated or Qualified: 11/07/1996
4. FEI Number: 59-3401752
Applied For: Not Applicable

2. Principal Place of Business: 21 1982 Lewis Turner Blvd. Suite D, Fort Walton Beach, FL 32547
2a. Mailing Address: 26 1982 Lewis Turner Blvd. Suite D, Fort Walton Beach, FL 32547

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: WHITE, JERRY, 111 STAR DRIVE, FT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/22/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RADER, BILLIE T DR.	
STREET ADDRESS	814 WEST MULBERRY ST	
CITY-ST-ZIP	LOUISVILLE CO 80027	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	RADER, BILLIE T DR.	
STREET ADDRESS	814 WEST MULBERRY ST	
CITY-ST-ZIP	LOUISVILLE CO 80027	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RADER, LINDA K	
STREET ADDRESS	824 WEST MULBERRY ST	
CITY-ST-ZIP	LOUISVILLE CO 80027	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEINER, WILLIAM DR.	
STREET ADDRESS	1480 ASPEN DRIVE	
CITY-ST-ZIP	EVERGREEN CO 80439	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JERRY WHITE	
1.3 STREET ADDRESS	111 STAR DRIVE	
1.4 CITY-ST-ZIP	Fort Walton Beach Florida 32547	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	AMY LEONARD	
2.3 STREET ADDRESS	1704 19th Street	
2.4 CITY-ST-ZIP	Niceville FL 32578	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FRANK Wittwer	
3.3 STREET ADDRESS	8496 Seaside Hills Drive	
3.4 CITY-ST-ZIP	Pensacola FL 32578	
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 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: *[Signature]* DATE: 4/22/98 (8:50) 314-6571

CR2E037 (10/97)