

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005717

1. Corporation Name
OKALOOSA ACADEMY, INCORPORATED

Principal Place of Business
1983 LEWIS TURNER BLVD
SUITE D
FORT WALTON BEACH FL 32547
US

Mailing Address
1982 LEWIS TURNER BLVD
SUITE D
FT WALTON BEACH FL 32547
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1982 Lewis Turner Blvd	26	1982 Lewis Turner Blvd	11/07/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	Suite C	27	Suite C	59-3401752	
City & State		City & State		Applied For	
23	Ft. Walton Beach FL	28	Ft. Walton Beach FL	Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/>	
24	32547 OKALOOSA	29	32547 OKALOOSA	\$8.75 Additional Fee Required	
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	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	CEOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JERRY		1.2 NAME		
STREET ADDRESS	111 STAR DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH FL 32547		1.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, AMY		2.2 NAME		
STREET ADDRESS	1704 19TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL 32578		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTE, FRANK		3.2 NAME		
STREET ADDRESS	8690 SCENIC HILLS DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32578		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	MARIA SOTO	
STREET ADDRESS			4.3 STREET ADDRESS	437 SW 30 Rd.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI FL 33129	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/99

Daytime Phone #

CR2E037 (11/98)