2002 UNIFORM BUSINESS REPORT (UBR)

Aug 20, 2002 8:00 am Secretary of State DOCUMENT # **N9600005717** 05-06-2002 90219 002 ****61.25 OKALOOSA ACADEMY, INCORPORATED Principal Place of Business Mailing Address 41010 1982 LEWIS TURNER BLVD 1982 LEWIS TURNER BLVD FORT WALTON BEACH FL 32547 FORT WALTON BEACH FL 32547 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3401752 Not Applicable Zip Country Zin \$8.75 Additional 5. Certificate of Status Desired 6.-Name and Address of Current Registered Agent 2 7. Name and Address of New Registered Agent Name Frank Wittwer Street Address (P.O. Box Number is Not Acceptable) 8690 Scenic Hills Drive WHITE, JERRY 111 STAR DRIVE FT WALTON BEACH FL 32547 City Zip Code Pensacola 8. The above named early submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITS E Delete TITLE D Change Addition (9/01) NAME WHITE, JERRY NAME Rigdon, Sheila STREET ADDRESS 2833 COLLINSWORTH RD STREET ADDRESS 75 Seventh Street CITY-ST-ZIP WESTVILLE FL 32464 CITY-ST-7IP Shalimar, FL 32579 Delete DRE ☐ Change ☐ Addition NAME KENASTON, NANCY NAME STREET ADDRESS 24 NEPTUNE DRIVE STREET ADDRESS -CITY - ST - ZIP MARY ESTHER FL 32569 CITY-ST-ZIP_ TITLE ☐ Delete ED Change - Addition WITTWE FRANK NAME NAME Wittwer, Frank STREET ADDRESS 8690 SCENIC HILLS DRIVE STREET ADDRESS 8690 Scenic Hills Drive CITY-ST-ZIP PENSACOLA FL 32578 CITY-ST-ZIP Pensacola, FL 32514 TITLE BMD Detete IIILE ☐ Change ☐ Addition NAME TANDY, BENJAMIN NAME STREET ADDRESS 800 BAY DRIVE UNIT 14 STREET ADDRESS CITY-ST-ZIP NICEVILLE FL 32574 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2(P TITLE ☐ Deleta TITLE ☐ Change ☐ Addition NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED