
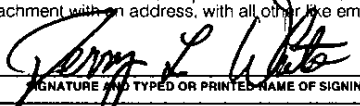


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90084 036 ****61.25

DOCUMENT # N96000005717					
1. Entity Name OKALOOSA ACADEMY, INCORPORATED					
Principal Place of Business 1982 LEWIS TURNER BLVD STE C FORT WALTON BEACH, FL 32547 US			Mailing Address 1982 LEWIS TURNER BLVD STE C FORT WALTON BEACH, FL 32547 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3401752	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WITTWER, FRANK 8690 SCENIC HILLS DR PENSACOLA, FL 32514			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIGDON, SHEILA		NAME	Jerry White	
STREET ADDRESS	75 SEVENTH ST		STREET ADDRESS	2833 Collinsworth Road	
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP	Westville, FL 32464	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENASTON, NANCY		NAME		
STREET ADDRESS	24 NEPTUNE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER, FL 32569		CITY-ST-ZIP		
TITLE	ED	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTWER, FRANK		NAME		
STREET ADDRESS	8690 SCENIC HILLS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP		
TITLE	MR.	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDSOLE, GLEN		NAME		
STREET ADDRESS	906 ALOMA FAYE LANE		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP		
TITLE	MR.	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDDLESTON, WILLIAM DEWEY		NAME		
STREET ADDRESS	11 SE ANASTASIA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE	LT	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUNTAIN, DON		NAME		
STREET ADDRESS	COURT HOUSE ANNEX		STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Chairman of the Board		4-11-05 850-314-6571	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	