


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000005717 1. Entity Name OKALOOSA ACADEMY, INCORPORATED	
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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
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04142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3401752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WITTMER, FRANK
 8690 SCENIC HILLS DR
 PENSACOLA, FL 32514

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000913135
 05/08/08-80004-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WHITE, JERRY 2833 COLLINSWORTH ROAD WESTVILLE, FL 32464
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENASTON, NANCY 24 NEPTUNE DRIVE MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDSOLE, GLEN 906 ALOMA FAYE LANE FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDDLESTON, WILLIAM DEWEY 11 SE ANASTASIA DRIVE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOUNTAIN, DON PO BOX 546 CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jerry L. White 4/16/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #