


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90098 022 ****61.25

DOCUMENT # N96000005717

1. Entity Name
OKALOOSA ACADEMY, INCORPORATED



Principal Place of Business Mailing Address

**1982 LEWIS TURNER BLVD
STE C
FORT WALTON BEACH FL 32547
US**

**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



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3401752** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WITTWER, FRANK
8690 SCENIC HILLS DR
PENSACOLA FL 32514**

7. Name and Address of New Registered Agent

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RIGDON, SHEILA	
STREET ADDRESS	75 SEVENTH ST	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENASTON, NANCY	
STREET ADDRESS	24 NEPTUNE DRIVE	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	ED	<input type="checkbox"/> Delete
NAME	WITTWER, FRANK	
STREET ADDRESS	8690 SCENIC HILLS DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	TANDY, BENJAMIN	
STREET ADDRESS	800 BAY DRIVE UNIT 14	
CITY-ST-ZIP	NICEVILLE FL 32574	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: FRANK WITTWER 1/30/03 850-314-6571

CR2E037 (10/02)