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FILED

Jan 23 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 735511 (8)

1. Corporation Name

GENEALOGICAL SOCIETY OF OKALOOSA COUNTY, FLORIDA  
, INC.

Principal Place of Business

Mailing Address

207 BRADLEY DRIVE, N.E.  
FT. WALTON BCH FL 32547-2812

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FT. WALTON BCH FL 32547-2812



3. Date Incorporated or Qualified  
04/07/1976

3a. Date of Last Report  
02/09/1996

4. FEI Number

51-0201772

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCALL, EILEEN O.  
207 BRADLEY DRIVE, N.E.  
FT. WALTON BCH FL 32547-2812

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME FORSMAN, JOY S  
STREET ADDRESS 110 CARL BRANDT DRIVE  
CITY-ST-ZIP SHALIMAR FL

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Katherine E. Davis  
1.3 STREET ADDRESS 296 E. Hickory Ave.  
1.4 CITY-ST-ZIP Crestview, FL

TITLE VD ☐ DELETE  
NAME JOHNSTON, BETH M  
STREET ADDRESS 350 LAKE DRIVE NW  
CITY-ST-ZIP FT. WALTON BEACH FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE RS ☐ DELETE  
NAME CRUTCHFIELD, NANCY B  
STREET ADDRESS 6118 PINE RIDGE LANE  
CITY-ST-ZIP CRESTVIEW FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD ☒ DELETE  
NAME ROBERTS, FRANCES, L  
STREET ADDRESS 927 HOLBROOK CIR  
CITY-ST-ZIP FT. WALTON BCH FL 32547

4.1 TITLE TD ☒ Change ☐ Addition  
4.2 NAME C. Walter Ruckel  
4.3 STREET ADDRESS 222 Rockwood Lane  
4.4 CITY-ST-ZIP Niceville FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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.

SIGNATURE: Katherine E. Davis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Katherine E. Davis 01/11/97 (904) 682-7022

CR2E037 (9/96)