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Feb 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N92000000669 (3)

1. Corporation Name

NORTH OKALOOSA ARC, INC.

Principal Place of Business

408 W. JAMES LEE BLVD.
CRESTVIEW FL 32536

Mailing Address

408 W. JAMES LEE BLVD.
CRESTVIEW FL 32536-2636



3. Date Incorporated or Qualified
12/09/1992

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
59-3156485

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WANDA J. FOGLE
5407 CONSTITUTION RD.
CRESTVIEW FL 32539

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

TITLE PD ☒ DELETE
NAME FOGLE, WANDA J
STREET ADDRESS 5407 CONSTITUTION RD
CITY-ST-ZIP CRESTVIEW FL

TITLE VP ☐ DELETE
NAME WISE, JESSIE F
STREET ADDRESS 4584 RAINBIRD RISE
CITY-ST-ZIP CRESTVIEW FL

TITLE TR ☐ DELETE
NAME CALHOUN, BERNICE H
STREET ADDRESS 6086 LAKE ELLA
CITY-ST-ZIP CRESTVIEW FL

TITLE SD ☐ DELETE
NAME WISE, SUSAN K
STREET ADDRESS 4584 RAINBIRD RISE
CITY-ST-ZIP CRESTVIEW FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P D ☒ Change ☐ Addition
1.2 NAME WISE, SUSAN K
1.3 STREET ADDRESS 4584 Rainbird Rise
1.4 CITY-ST-ZIP Crestview FL 32539

2.1 TITLE S D ☒ Change ☐ Addition
2.2 NAME FOGLE, JAMES R
2.3 STREET ADDRESS 5407 Constitution Rd
2.4 CITY-ST-ZIP Crestview FL 32539

3.1 TITLE T D ☒ Change ☐ Addition
3.2 NAME ADAMS, ELISE
3.3 STREET ADDRESS 408 West James Lee Blvd
3.4 CITY-ST-ZIP Crestview FL 32536

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Calhoun, Bernice H
4.3 STREET ADDRESS 6086 Lake Ella Road
4.4 CITY-ST-ZIP Crestview FL 32539

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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: Susan K Wise, President, Board of Directors

Susan K. Wise 1/27/97

CR2E037 (9/96)