

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 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 # N44687 (4) 1. Corporation Name OKALOOSA COUNTY FESTIVAL ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business 1958 LEWIS TURNER BLVD. FORT WALTON BEACH FL 32548			Mailing Address 1958 LEWIS TURNER BLVD. FORT WALTON BEACH FL 32547-1217																																																																																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 32547 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 08/12/1991 3a. Date of Last Report 02/12/1996 4. FEI Number 23-7397197 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 RIGDON, CHARLES H., JR. 9 BAY DR SE FT WALTON BEACH FL 32548			10. Name and Address of New Registered Agent 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 C.H. RIGDON, JR. / MANAGER. 4/8/97 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																																																					
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 10%; text-align: center;">☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>RIGDON, CHARLES W.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>HWY 98 EAST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DESTIN FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;">☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>WILLIAMS, CLAYTON H.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>231 CHATEAUGAY DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FT WALTON BEACH FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;">☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>BOORAS, THEODORE P..</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>735 REVERE AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FT WALTON BEACH FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;">☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>SANDERS, JOHN W.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>512 N ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FT WALTON BEACH FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D	☐ DELETE	NAME	RIGDON, CHARLES W.		STREET ADDRESS	HWY 98 EAST		CITY - ST - ZIP	DESTIN FL		TITLE	D	☐ DELETE	NAME	WILLIAMS, CLAYTON H.		STREET ADDRESS	231 CHATEAUGAY DR		CITY - ST - ZIP	FT WALTON BEACH FL		TITLE	D	☐ DELETE	NAME	BOORAS, THEODORE P..		STREET ADDRESS	735 REVERE AVE		CITY - ST - ZIP	FT WALTON BEACH FL		TITLE	D	☒ DELETE	NAME	SANDERS, JOHN W.		STREET ADDRESS	512 N ST		CITY - ST - ZIP	FT WALTON BEACH 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1.1 TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			1.1 TITLE		☐ Change ☐ Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY - ST - ZIP			2.1 TITLE		☐ Change ☐ Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY - ST - ZIP			3.1 TITLE		☐ Change ☐ Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY - ST - ZIP			4.1 TITLE		☐ Change ☐ Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY - ST - ZIP			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		
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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 supplement 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 in an attachment with an address.																																																																																																																																																					
SIGNATURE: C.H. RIGDON, JR. / MANAGER. 4/8/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 904 862 0211																																																																																																																																																					

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