


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N92000000669 (3)**

1. Corporation Name

**NORTH OKALOOSA ARC, INC.**



Principal Place of Business <b>408 W. JAMES LEE BLVD. CRESTVIEW FL 32536</b>	Mailing Address <b>408 W. JAMES LEE BLVD. CRESTVIEW FL 32536</b>
---	---

3. Date Incorporated or Qualified <b>12/09/1992</b>
4. FEI Number <b>59-3156485</b>
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WANDA J. FOGLE 5407 CONSTITUTION RD. CRESTVIEW FL 32539</b>	
---	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>FOGLE, JAMES R</b>
STREET ADDRESS	<b>5407 CONSTITUTION RD</b>
CITY-ST-ZIP	<b>CRESTVIEW FL</b>
TITLE	VP <input type="checkbox"/> DELETE
NAME	<b>WISE, JESSIE F</b>
STREET ADDRESS	<b>4584 RAINBIRD RISE</b>
CITY-ST-ZIP	<b>CRESTVIEW FL</b> Change
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>CALHOUN, BERNICE H</b>
STREET ADDRESS	<b>6086 LALE ELLA</b>
CITY-ST-ZIP	<b>CRESTVIEW FL</b> Change
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>WISE, SUSAN K</b>
STREET ADDRESS	<b>4584 RAINBIRD RISE</b>
CITY-ST-ZIP	<b>CRESTVIEW FL</b> Change
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>ADAMS, ELISE</b>
STREET ADDRESS	<b>408 W JAMES LEE BLVD</b>
CITY-ST-ZIP	<b>CRESTVIEW FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Wise, Jessie F.</b>
1.3 STREET ADDRESS	<b>4584 Rainbird Rise</b>
1.4 CITY-ST-ZIP	<b>Crestview, FL 32536</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Calhoun, Bernice</b>
2.3 STREET ADDRESS	<b>6086 Lake Ella</b>
2.4 CITY-ST-ZIP	<b>Crestview, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Wise, Susan</b>
3.3 STREET ADDRESS	<b>4584 Rainbird Rise</b>
3.4 CITY-ST-ZIP	<b>Crestview, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Fogle, Wanda</b>
4.3 STREET ADDRESS	<b>5407 Constitution Road</b>
4.4 CITY-ST-ZIP	<b>Crestview, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Starf, Carol</b>
5.3 STREET ADDRESS	<b>112 Hollow Cove</b>
5.4 CITY-ST-ZIP	<b>Crestview, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Starr, Sam</b>
6.3 STREET ADDRESS	<b>112 Hollow Cove</b>
6.4 CITY-ST-ZIP	<b>Crestview, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. 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 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: *[Signature]* 4-30-98

CR2E037 (10/97)