


**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90089 033 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N92000000669</b>					
1. Corporation Name <b>NORTH OKALOOSA ARC, INC.</b>					
Principal Place of Business <b>408 W. JAMES LEE BLVD.</b> <b>CRESTVIEW FL 32536</b>			Mailing Address <b>408 W. JAMES LEE BLVD.</b> <b>CRESTVIEW FL 32536</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/09/1992</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3156485</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>WANDA J. FOGLE</b> <b>5407 CONSTITUTION RD.</b> <b>CRESTVIEW FL 32539</b>				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

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, JESSIE F	1.2 NAME	FOGLE, WANDA J
STREET ADDRESS	4584 RAINBIRD RISE	1.3 STREET ADDRESS	5407 CONSTITUTION ROAD
CITY-ST-ZIP	CRESTVIEW FL 32536	1.4 CITY-ST-ZIP	CRESTVIEW FL 32539
TITLE	VP D <input type="checkbox"/> DELETE	2.1 TITLE	S D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALHOUN, BERNICE	2.2 NAME	STARR, CAROL
STREET ADDRESS	6086 LAKE ELLA	2.3 STREET ADDRESS	112 HOLLOW COVE
CITY-ST-ZIP	CRESTVIEW FL	2.4 CITY-ST-ZIP	CRESTVIEW FL 32539
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, SUSAN	3.2 NAME	
STREET ADDRESS	4584 RAINBIRD RISE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, SUSAN K	4.2 NAME	
STREET ADDRESS	4584 RAINBIRD RISE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, ELISE	5.2 NAME	
STREET ADDRESS	408 W JAMES LEE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARR, SAM	6.2 NAME	
STREET ADDRESS	112 HOLLOW COVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Wanda J. Fogle SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 April 1999 850-689-3663

Date

Daytime Phone #

CR2E037 (1/98)