

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90023 003 ****61.25

DOCUMENT # 736815

1. Corporation Name

OKALOOSA SYMPHONY ORCHESTRA, INC.

Principal Place of Business

38 SW ROBINWOOD DR.
FT WALTON BCH FL 32548
US

Mailing Address

P.O. BOX 2109
FT WALTON BCH FL 32549



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 155 COUNTRY CLUB RD	09/15/1976
22 City & State	27 Suite, Apt. #, etc.	4. FEI Number
23 Zip	28 SHALIMAR FL	59-1696559
24 Country	29 32579	5. Certificate of Status Desired
25	30 USA	6. Election Campaign Financing
		Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEIN, GEORGE H.
709 OVERBROOK DRIVE
FT. WALTON BEACH FL 32547

81 Name JACK N.M. DALE
82 Street Address (P.O. Box Number is Not Acceptable)
155 COUNTRY CLUB RD
83
84 City SHALIMAR FL 85 Zip Code 32579

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: JACK N.M. DALE JACK N.M. DALE PRESIDENT 9-15-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD MITCHELL, MIKE	1.1 TITLE	D BARLOTTA NICHOLAS
NAME	616 PELICAN DR.	1.2 NAME	22 WRIGHT DR
STREET ADDRESS	FORT WALTON BEACH, FL 32547	1.3 STREET ADDRESS	MARY KESTER FL 32569
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD HEIN, GEORGE	2.1 TITLE	
NAME	709 OVERBROOK DR.	2.2 NAME	
STREET ADDRESS	FT WALTON BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD DALE, JACK	3.1 TITLE	
NAME	155 COUNTRY CLUB RD.	3.2 NAME	
STREET ADDRESS	SHALIMAR FL 32579	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD GODUTO, TOM	4.1 TITLE	
NAME	2105 TOM ST.	4.2 NAME	
STREET ADDRESS	NAVARRE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	JANE K. DALE	5.1 TITLE	
NAME	155 COUNTRY CLUB RD	5.2 NAME	
STREET ADDRESS	SHALIMAR FL 32579	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: JACK N.M. DALE 9-15-99 850-651-5049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)