

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 736815</b>	
1. Entity Name OKALOOSA SYMPHONY ORCHESTRA, INC.	
Principal Place of Business 155 COUNTRY CLUB RD SHALIMAR, FL 32579 US	Mailing Address 155 COUNTRY CLUB RD SHALIMAR, FL 32579 US



07012004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1696559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  DALE, JACK N M 155 COUNTRY CLUB RD SHALIMAR, FL 32579
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MITCHELL, MIKE 616 PELICAN DR. FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARLOTTA, NICHOLAS 22 WRIGHT DR MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALE, JACK 155 COUNTRY CLUB RD. SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALE, JANE K 155 COUNTRY CLUB ROAD SHALIMAR, FL 32574
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000172149  
09/13/04-80001-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JACK N.M. DALE **9-4-04** **850-651-5049**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #