

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90195 014 ****61.25

DOCUMENT # 702348

1. Entity Name
OKALOOSA-WALTON BAR ASSOCIATION, INC.



Principal Place of Business
**151 CEDAR AVE
CRESTVIEW, FL 32536 US**

Mailing Address
**151 CEDAR AVE
CRESTVIEW, FL 32536 US**

50017401



2. Principal Place of Business
1261 A NORTH EGLIN PARKWAY
Suite, Apt. #, etc.

3. Mailing Address
1261 A NORTH EGLIN PARKWAY
Suite, Apt. #, etc.

04262006 Chg-NP CR2E037 (11/05)

City & State
SHALIMAR, FL
Zip
32579
Country
U.S.

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SHALIMAR, FL
Zip
32579
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U.S.

4. FEI Number
NOT APPLICABLE
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CLAPP, WANDA
151 CEDAR AVE
CRESTVIEW, FL 32536**

7. Name and Address of New Registered Agent

Name
ASHLEY SMITH-HERNDON
Street Address (P.O. Box Number is Not Acceptable)
1261 A NORTH EGLIN PARKWAY
City
SHALIMAR FL Zip Code
32579

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

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/26/06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
DVP	CLAPP, WANDA J	151 CEDAR AVE	CRESTVIEW, FL 32536	<input checked="" type="checkbox"/>
DVP	SMITH-HERNDON, ASHLEY	1B 9TH AVE.	SHALIMAR, FL 32579	<input type="checkbox"/>
TD	BROWNING, COY	418 RACETRACK RD NE STE B	FORT WALTON BEACH, FL 32547	<input type="checkbox"/>
SD	LESTER, MARTY	11TH AVE STE B	SHALIMAR, FL 32579	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P/D				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1261 A NORTH EGLIN PARKWAY	SHALIMAR, FL 32579	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S/D				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V/D				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T/D	JENNIFER COPUS	285 HIGHWAY 98 EAST, SUITE A	DESTIN, FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

COY H. BROWNING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 (850) 864-4384
Date Daytime Phone #