


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90021 039 ****61.25

DOCUMENT # 702348		
1. Entity Name OKALOOSA-WALTON BAR ASSOCIATION, INC.		

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Principal Place of Business 1261 A N EGLIN PKWY SHALIMAR, FL 32579 US	Mailing Address 1261 A N EGLIN PKWY SHALIMAR, FL 32579 US
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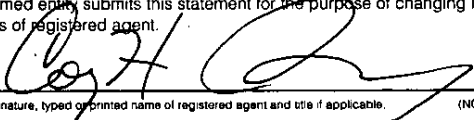
2. Principal Place of Business - No P.O. Box # 418 Racetrack Road NE	3. Mailing Address 418 Racetrack Rd NE
Suite, Apt. #, etc. B	Suite, Apt. #, etc. B

04102008 Chg-NP CR2E037 (12/06)

City & State Fort Walton Beach	City & State Fort Walton Beach
Zip 32547	Zip 32547
Country	Country


4. FEI Number NOT APPLICABLE	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		7. Name and Address of New Registered Agent	
SMITH-HERNDON, ASHLEY 1261 A N ELGIN PKWY SHALIMAR, FL 32579		Name Coy Browning Street Address (P.O. Box Number is Not Acceptable) 418 Racetrack Road NE Suite B City Fort Walton Beach FL Zip Code 32547	

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 	DATE 4/10/08
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH-HERNDON, ASHLEY 1261 A NORHT ELGIN PKWY SHALIMAR, FL 32579 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWNING, COY 418 RACETRACK RD NE STE B FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Browning, Coy 418 Racetrack Rd NE Ste B FT Walton Beach, FL 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LESTER, MARTY 11TH AVE STE B SHALIMAR, FL 32579 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lester, Martin W. 1283 Eslin Parkway, Suite A Shalimar, FL 32579 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COPUS, JENNIFER 285 HWY 98 E STE A DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Copus, Jennifer 1201 Eglin Parkway Shalimar, FL 32579 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Martinez, Susan 795 East John Sims Parkway, Ste 1 Niceville, FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 	DATE 4/10/08 (850) 651-4006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Martin W. Lester	