


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90040 023 ****61.25

DOCUMENT # 717476

1. Entity Name
BUILDING INDUSTRY ASSOCIATION OF OKALOOSA-WALTON COUNTIES, INC.



Principal Place of Business
**1980 LEWIS TURNER BLVD
 FORT WALTON BEACH, FL 32547-1217**

Mailing Address
**1980 LEWIS TURNER BLVD
 FORT WALTON BEACH, FL 32547-1217**

2. Principal Place of Business - No P.O. Box #
1980 Lewis Turner Blvd

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State
Fort Walton Beach, FL

City & State

Zip
32547

Country
USA

Zip

Country

01292008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**GREER, HAL
 1980 LEWIS TURNER BLVD.
 FORT WALTON BEACH, FL 32547**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2008

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	P DIXON, STEVE PO BOX 6697 DESTIN, FL 32550	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JERI, TOOLAN PO BOX 507 CRESTVIEW, FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOSEY, MIKE 1132 NORTH FERDON BLVD. CRESTVIEW, FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUELLER, DAN 96 SAND DUNES ROAD SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREER, HAL 1980 LEWIS TURNER BLVD. FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jeri Toolan P.O. Box 507 Crestview, FL 32536	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Mike Josey 1132 N. Ferdon Blvd Crestview, FL 32536	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Terry Jones P.O. Box 6988 Miramar Beach, FL 32550	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jim Snider 140 Hollywood Blvd Fort Walton Beach, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Hal Greer **1/28/08** **850-863-5107**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40021610

