


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90019 024 ****61.25

DOCUMENT # 718036 1. Entity Name OKALOOSA KENNEL CLUB, INC.					
Principal Place of Business 106 WILDER STREET NICEVILLE, FL 32578 US			Mailing Address P O BOX 2246 FT WALTON BEACH, FL 32549 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STILLWELL, WILLIAM K 106 WILDER STREET NICEVILLE, FL 32578				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CSD <input type="checkbox"/> Delete		TITLE	CSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATTERSON, EDWARD		NAME	BURES, SANDRA	
STREET ADDRESS	836 N LAKESIDE DRIVE		STREET ADDRESS	3006 YORKTOWN CIRCLE	
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP	FT WALTON BEACH, FL 32547	
TITLE	PD <input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATTERSON, CHARLOTTE		NAME	STILLWELL, GAYLE	
STREET ADDRESS	836 N LAKESIDE DRIVE		STREET ADDRESS	106 WILDER STREET	
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STILLWELL, WILLIAM K		NAME		
STREET ADDRESS	106 WILDER STREET		STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP		
TITLE	RSD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANCH, WILLIAM		NAME		
STREET ADDRESS	671 BROOKMEADE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STILLWELL, GAYLE		NAME	MILLER, JERRY	
STREET ADDRESS	106 WILDER STREET		STREET ADDRESS	91 BAY WINDS DRIVE	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: WILLIAM K. STILLWELL <i>William K. Stillwell</i> April 4, 2006 850-729-3846 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					