

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720154

FILED
Jan 18, 2006
Secretary of State

Entity Name: OKALOOSA COUNTY COUNCIL ON AGING, INC.

Current Principal Place of Business:

207 HOSPITAL DRIVE, NORTHEAST
FT. WALTON BCH., FL 32548 US

New Principal Place of Business:

Current Mailing Address:

207 HOSPITAL DRIVE, NORTHEAST
FT. WALTON BCH., FL 32548

New Mailing Address:

FEI Number: 59-1356076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOVEJOY, RUTH R ED
207 LOVEJOY ROAD
FT WALTON BEACH, FL 33548 US

Name and Address of New Registered Agent:

LOVEJOY, RUTH R ED
207 LOVEJOY ROAD
FT WALTON BEACH, FL 32548 US

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.

SIGNATURE:

01/18/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOVEJOY, RUTH R
Address: 207 LOVEJOY ROAD
City-St-Zip: FT WALTON BCH, FL 32548 US

Title: SD () Delete
Name: LITHGOW, THERESA
Address: 541 TIMBERLAKE DRIVE
City-St-Zip: MARY ESTHER, FL 32569 US

Title: PD () Delete
Name: SAAL, PETE
Address: 226 SOTIR STREET
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: TD () Delete
Name: IRELAND, GEORGE
Address: 717 MCKINNEY
City-St-Zip: NICEVILLE, FL 32578 US

Title: VD () Delete
Name: TOWNSEND, SAM
Address: 407 EAST VIEW DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH R. LOVEJOY

ED

01/18/2006

Electronic Signature of Signing Officer or Director

Date