

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727988

1. Entity Name

ALANO HOUSE, INC. OF FT. WALTON BEACH

Principal Place of Business

52 N BEAL PKWY
POB 4243
FT WALTON BCH FL 32549

Mailing Address

52 N BEAL PKWY
POB 4243
FT WALTON BCH FL 32549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2839950

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEN, VERN
100 MARKELLA ROAD
FT. WALTON BEACH FL 32548

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KELLEN, VERN
STREET ADDRESS P.O. BOX 5556 NA
CITY-ST-ZIP FT WALTON BCH. FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME DAVIS, WADELL
STREET ADDRESS #2 ASTOR MHP
CITY-ST-ZIP SHALIMAR FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME MOORHEAD, JAMES
STREET ADDRESS 211A 3RD ST
CITY-ST-ZIP FT. WALTON BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME CHURCH, MICKAEL
STREET ADDRESS 231 NE HOLLYWOOD BLVD
CITY-ST-ZIP FT WALTON BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MASS, JAMES
STREET ADDRESS 411 ADAM ST NW
CITY-ST-ZIP FT WALTON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *VERNON KELLEN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)