

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 08:00 AM
Secretary of State

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. 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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 PD
NAME KELLEN, VERN
STREET ADDRESS 100 N. MARKELLA RD
CITY-ST-ZIP FORT WALTON BEACH FL 32548 ☐ Delete

TITLE VD
NAME DAVIS, WADELL
STREET ADDRESS 80 8TH ST
CITY-ST-ZIP SHALIMAR FL 32579 ☐ Delete

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

TITLE
NAME FULLER, JOSEPH J
STREET ADDRESS 129 PERDIDO CIR
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

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

TITLE D
NAME WALSH, TIM
STREET ADDRESS 107 GREGORY AVE NW
CITY-ST-ZIP FORT WALTON BEACH FL 32548 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000073748
CITY-ST-ZIP 03/02/04-80049-023 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Vern Kellen

2-27-04

880-974-617