

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90201 015 ****61.25

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



☐ CHECK HERE IF MAKING CHANGES

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME **VERN KELLEN**
STREET ADDRESS **100 MARKELLA RD**
CITY-ST-ZIP **FT WALTON BCH FL 32548**

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

TITLE ☐ Change ☐ Addition
NAME **DAVIS, Wade II**
STREET ADDRESS **80 8th St**
CITY-ST-ZIP **Shalimar, FL 32579**

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

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

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

TITLE ☐ Change ☐ Addition
NAME **Joseph J. Fuller**
STREET ADDRESS **129 Perdido Cir.**
CITY-ST-ZIP **Niceville, FL 32578**

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

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

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

TITLE ☐ Change ☐ Addition
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] **VERN J. Kellen**

3-22-03

CR2637 (10/02)