

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732004 (7)

1. Corporation Name

OKALOOSA COUNTY LEGAL AID, INC.

APPROVED
AND
FILED

95 MAY -1 AM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

LAW LIBRARY - SADLER ADDITION
OKALOOSA COUNTY COURTHOUSE ANNEX
SHALIMAR FL 32579

LAW LIBRARY - SADLER ADDITION
OKALOOSA COUNTY COURTHOUSE ANNEX
SHALIMAR FL 32579

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1975

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2352579

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STONE, WILLIAM F
204 NE BUCK DRIVE
FT. WALTON BCH FL 32548

81 Name

Michael R. Gates

82 Street Address (P.O. Box Number is Not Acceptable)

3 Plew Avenue

83

84 City

Shalimar

FL

85 Zip Code

32579

11. Pursuant to the provisions of Sections 607.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

April 24, 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	STONE, WILLIAM F
STREET ADDRESS	204 NE BUCK DR.
CITY, ST, ZIP	FT. WALTON BCH, FL
TITLE	D
NAME	COFFIELD, P. C.
STREET ADDRESS	3A PALMETTO PLAZA
CITY, ST, ZIP	DESTIN FL
TITLE	D
NAME	TROELL, RICHARD A
STREET ADDRESS	607 HWY. 98 EAST
CITY, ST, ZIP	DESTIN FL
TITLE	D
NAME	JONES, MICHAEL A
STREET ADDRESS	107 N. PARTIN DRIVE
CITY, ST, ZIP	NICEVILLE FL
TITLE	SD
NAME	COLPITTS, DONALD R.
STREET ADDRESS	P. O. BOX 4339 N/A
CITY, ST, ZIP	FT. WALTON BEACH FL
TITLE	D
NAME	SEYMOUR, MELANIE S
STREET ADDRESS	P. O. BOX 130
CITY, ST, ZIP	FT. WALTON BCH, FL

1.1 TITLE	95b
1.2 NAME	Steve Bauman
1.3 STREET ADDRESS	25 Walter Martin Road
1.4 CITY, ST, ZIP	Ft. Walton Beach, FL 32549-1856
2.1 TITLE	D
2.2 NAME	Alice Murray
2.3 STREET ADDRESS	102 Bauman Drive
2.4 CITY, ST, ZIP	Niceville, FL 32578
3.1 TITLE	D
3.2 NAME	Bobby L. Whitney, Jr.
3.3 STREET ADDRESS	1201 Eglin Parkway
3.4 CITY, ST, ZIP	Shalimar, FL 32579
4.1 TITLE	D
4.2 NAME	Michael R. Gates
4.3 STREET ADDRESS	3 Plew Avenue
4.4 CITY, ST, ZIP	Shalimar, FL 32579
5.1 TITLE	D
5.2 NAME	Patricia S. Grinstead
5.3 STREET ADDRESS	1117 Eglin Parkway
5.4 CITY, ST, ZIP	Shalimar, FL 32579
6.1 TITLE	
6.2 NAME	Delete
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 registered or trusted agent empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an addendum if added.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

April 24, 1995 651-9900