

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 732004 (7)

1. Corporation Name

OKALOOSA COUNTY LEGAL AID, INC.

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



3. Date Incorporated or Qualified
02/27/1975

3a. Date of Last Report
05/01/1995

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

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GATES, MICHAEL R.
3 PLEW AVENUE
SHALIMAR FL 32579

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BAUMAN, STEVE
STREET ADDRESS 25 WALTER MARTIN ROAD
CITY-ST-ZIP FT. WALTON BCH. FL ☒ DELETE

1.1 TITLE P/D
1.2 NAME kelvin Wells
1.3 STREET ADDRESS 25 Walter Martin Rd.
1.4 CITY-ST-ZIP Ft. Walton Bch., FL 32548 ☒ Change ☐ Addition

TITLE D
NAME MURRAY, ALICE
STREET ADDRESS 102 BAUMAN DRIVE
CITY-ST-ZIP NICEVILLE FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WHITNEY, JR. B
STREET ADDRESS 1201 EGLIN PARKWAY
CITY-ST-ZIP SHALIMAR FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GATES, MICHAEL R.
STREET ADDRESS 2 PLEW AVENUE
CITY-ST-ZIP SHALIMAR FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME GRINSTED, PATRICIA S
STREET ADDRESS 1117 EGLIN PARKWAY
CITY-ST-ZIP SHALIMAR FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE D
6.2 NAME Steve Bauman
6.3 STREET ADDRESS 25 Walter Martin Rd
6.4 CITY-ST-ZIP Fort Walton Bch., FL 32548 ☐ Change ☒ Addition

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 indicated in 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 receiver or trustee 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/96

Date

651-9900

Daytime Phone #

CR2E037 (12/95)