SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 732004

OKALOOSA COUNTY LEGAL AID, INC.

FILED Oct 13 1998 8:00am Secretary of State

Principal Plac	e of Business	Malling Address			
LAW LIBRARY SADLER ADDITION OKALOOSA COUNTY COURTHOUSE ANNEX		LAW LIBRARY - SADLER OKALOOSA COUNTY CO		Date Incorporated or Qualified 02/27/1975	
SHALIMAR FL	32579	SHALIMAR FL 32579		4. FEI Number 59-2352579	Applied For Not Applicable
E		2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association? Yes No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	tent year intangible
24	25]	[29]	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
9. Name and Address of Current Registered Agent 81 Na					Maur
	DD1405 A				
HAUGHT, BRUCE A 501 HWY 98 E			82 Stree	t Address (P.O. Box Number is Not Acceptable)	
SUITE G			83		
DESTIN FL 32541				District Control of the Control of t	
			84 City	FL	85 Zip Code
11. Pursuant t office or re agent. I an SIGNATURE.				orporation submits this statement for the purpose of cha- oration's board of directors. I hereby accept the appoin	nging its registered ment as registered
	Signature, typed or printed name of registered ag			ture required when reinstelling) DATE DESCRIPTION OF THE PROPERTY OF THE PRO	ID DIDECTORS IN 40
12.	PO OFFICERS /	AND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	
NAME	HAUGHT, BRUCE A	DELETE	1.2 NAME		Change Addition
STREET ADDRESS	501 HWY 98 E SUITE G		1.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	BURKE, JANIS	☐ pece#	2.2 NAME	1000026622	51
STREET ADDRESS	60 SECOND ST, SUITE 203		2.3 STREET ADDRESS	s -10/13/98010100	2 9
CITY-ST-ZIP	SHALIMAR FL		2.4 CITY-ST-ZIP	***61.25	
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	MOGRAIL, MICHAEL	_	3.2 NAME		 :
STREET ADDRESS	327 RACETRACK RD NE SUI	TE B	3.3 STREET ADDRESS	s [
CITY-ST-ZIP	FT WALTON BCH FL		3.4 CITY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE	Ì	Change Addition
NAME	SHAW, TIMOTHY		4.2 NAME		
STREET ADDRESS	207 FLORIDA PLACE		4.3 STREET ADDRESS	S	
CITY-ST-ZIP	FT WALTON BCH FL		4.4 CITY-ST-ZIP		<u></u>
TITLE	D .	DELETE	5.1 TITLE		Change Addition
NAME	WELTON, MARK	· n	5.2 NAME		
STREET ADDRESS	I 1074 S FERDON RIVO SIJITE	· K	5.3 STREET ADDRESS	8.1	

14. 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 annual report or supplementar 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 trostee 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.

DELETE

5.4 CITY-ST-ZIP 6.1 TITLE

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.2 NAME

SIGNATURE:

CRESTVIEW FL

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

850-651-6361

Change Addition