

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732004

1. Entity Name

OKALOOSA COUNTY LEGAL AID, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90706 026 ****61.25

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2352579

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WELTON, MARK H
1020 S. FERDON BLVD
CRESTVIEW FL 32536

Name

A. Richard Troell, III

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

550 N. Main Street

City

Crestview, FL

FL

Zip Code
32536

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.

SIGNATURE

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

A. Richard Troell, III

22 April 2002

(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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WELTON, MARK H
STREET ADDRESS 1020 S. FERDON BLVD
CITY-ST-ZIP CRESTVIEW FL 32536 ☒ Delete

TITLE P/D
NAME A. Richard Troell, III
STREET ADDRESS 550 N. Main Street
CITY-ST-ZIP Crestview, FL 32536 ☒ Change ☐ Addition

TITLE D
NAME BURKE, JANIS
STREET ADDRESS 60 SECOND ST, SUITE 203
CITY-ST-ZIP SHALIMAR FL ☒ Delete

TITLE D
NAME R. Scott Whitehead
STREET ADDRESS 4507 Furling Lane, Suite 209
CITY-ST-ZIP Destin, FL 32541 ☒ Change ☐ Addition

TITLE D
NAME HALL, STEVEN
STREET ADDRESS 36468 EMERALD COAST PKWY, #2201
CITY-ST-ZIP DESTIN FL 32541 ☒ Delete

TITLE D
NAME Michelle Anchors
STREET ADDRESS 909 Mar Walt Dr., Suite 1014
CITY-ST-ZIP Ft. Walton Bch., FL 32547 ☒ Change ☐ Addition

TITLE D
NAME SHAW, TIMOTHY
STREET ADDRESS 207 FLORIDA PLACE
CITY-ST-ZIP FT WALTON BCH FL ☐ Delete

TITLE D
NAME Michael A. Jones
STREET ADDRESS 912 S. Palm Blvd., Suite C
CITY-ST-ZIP Niceville, FL 32580 ☒ Change ☐ Addition

TITLE D
NAME GILPATRICK, STEVE
STREET ADDRESS 4 11TH AVE., SUITE 2
CITY-ST-ZIP SHALIMAR FL 32579 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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.

850-689-3888

A. Richard Troell, III 22 Ap 2002

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)