## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENTO STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

745732

(8)

ARC PROPERTIES OF OKALOOSA COUNTY, INC.

Allo this Ellies of Stateson Society was					
Principal Place	e of Business	Mailing Address		T ORBINI (BON) DIRBU BANA IBORO BANK	NIBI MIBNI MIBNI MIMNE BINSI MIBNI BIBNI NUGI
123 TRUXTON AVE FT. WALTON BEACH FL 32547 US		P. O. BOX 2350 FT. WALTON BEACH FL 32549-2350 US			
				3. Date Incorporated or Qualified 01/26/1979	3a. Date of Last Report 08/12/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0860709	Applied For Not Applicable
Sufte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
A	9. Name and Address of Curr			10. Name and Address of New Re	gistered Agent
,			81 Name		-
MILLER, DAVID O 123 TRUXTON AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
	JXTON AVENUE LTON BCH. FL 32547		83		
	<b>√</b>		84 City		FL 85 Zip Code
11. Pursuant to be 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  ONTE Registered Agent signature required when reinstating)					
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE .	VO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ANGELO, JAMES		1.2 NAME		
STREET ADDRESS	95 READY AVENUE NE #E	-8	1.3 STREET ADDRESS		
CITY - ST - ZIP	FT. WALTON BCH FL		1.4 CITY - ST - ZIP		
TITLE	PD	DELETE	2.1 TITLE		Change Addition
NAME	MURPHY, LARRY		2.2 NAME		
STREET ADDRESS	- ***INDIAN TRIAL **39*	57	2.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		2. 4 CITY - ST - ZIP	75	
TITLE	<b>8</b> D	☐ DELETE	3.1 TITLE		Change Addition
NAME	HENDERSON, WILLIAM A.	JR	3.2 NAME		
STREET ADDRESS	909 MAR WALT DR 1021		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL	<b>—</b>	3.4. CITY-ST-ZIP		
TITLE		DELETÉ	4.1 TITLE		Change Addition
NAME .			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change L Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Devere	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change
NAME ]			6-2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		1

14. I do 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 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.

Jun 09 1997 8:00am Secretary of State