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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 755803 (4)

1. Corporation Name

OKALOOSA COUNTY ACTION COMMITTEE, INC.



Principal Place of Business

Mailing Address

502 DONA AVENUE  
C/O JAMES L. SAWYER  
FT WALTON BEACH FL 32547-3626

502 DONA AVENUE  
C/O JAMES L. SAWYER  
FT WALTON BEACH FL 32547-3626

3. Date Incorporated or Qualified  
01/09/1981

3a. Date of Last Report  
06/09/1995

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

SAWYER, JAMES L.  
502 DONA AVENUE  
FT WALTON BEACH FL 32548

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

TITLE SD ☐ DELETE

NAME CONYERS, WILLIAM  
STREET ADDRESS 125 DUKE DR  
CITY-ST-ZIP NICEVILLE, FL 00000

TITLE TD ☐ DELETE

NAME SMITH, JANNIE  
STREET ADDRESS 949 POCAHONTAS DR  
CITY-ST-ZIP FT WALTON BCH, FL 00000

TITLE PD ☐ DELETE

NAME SAWYER, JAMES L  
STREET ADDRESS 502 DONA AVE  
CITY-ST-ZIP FT WALTON BCH, FL 00000

TITLE VD ☐ DELETE

NAME JONES, J  
STREET ADDRESS 21 FOREST PLACE  
CITY-ST-ZIP FT WALTON BCH, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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 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.

SIGNATURE:

*James L. Sawyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. SAWYER 4-01-96 904-862-6560

Date

Daytime Phone #

CR2E037 (12/95)