FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:18

DOCUMENT # 759377 (5)

1. Corporation Name
THE FAMILY RESOURCE PROGRAM OF SOUTH OKALOOSA CO UNTY, INC.

Principal Place of Business	Mailing Address
C/O [illegible] Kathy Fleiszar 340 BEAL PARKWAY FT WALTON BEACH FL 32548	FAMILY RESOURCE PROGRAMOF OKALOOSA COUNTY 340 BEAL PKWY. N.W. FORT WALTON BEACH FL 32548 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1981
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-2211700 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

EBEOGLU, SHERYL
340 BEAL PKWY., N.W.
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	[illegible]	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	[illegible]	1.2 NAME / 1.3 STREET ADDRESS	Patsy Mitchell 500 Woodland Park	
STREET ADDRESS	[illegible]			
CITY-ST-ZIP	[illegible]	1.4 CITY-ST-ZIP	Mary Esther, FL 32569	
TITLE	[illegible]	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	[illegible]	2.2 NAME / 2.3 STREET ADDRESS	Pat Ammons 214 Martisa Road	
STREET ADDRESS	[illegible]			
CITY-ST-ZIP	[illegible]	2.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32548	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	MITCHELL, PATSY	3.2 NAME / 3.3 STREET ADDRESS	Betsey Plantholt 221 Greenbrier Drive	
STREET ADDRESS	[illegible]			
CITY-ST-ZIP	[illegible] FL	3.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32547	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	BATES, DORIS	4.2 NAME / 4.3 STREET ADDRESS		
STREET ADDRESS	7 ANASTASIA DR., SE			
CITY-ST-ZIP	FT. WALTON BCH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	[illegible]	5.2 NAME / 5.3 STREET ADDRESS	Nancy Krawczyk 322 Oak Lake Lane	
STREET ADDRESS	[illegible]			
CITY-ST-ZIP	[illegible]	5.4 CITY-ST-ZIP	Niceville, FL 32578	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BODY, YVONNE	6.2 NAME / 6.3 STREET ADDRESS		
STREET ADDRESS	723 GREENWOOD ST.			
CITY-ST-ZIP	FT. WALTON BCH FL	6.4 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)(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.

SIGNATURE: X Patsy V Mitchell Feb 2, 1995 1-800-624-3951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

002647