

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 759377 (5)

1. Corporation Name  
**THE FAMILY RESOURCE PROGRAM OF SOUTH OKALOOSA COUNTY, INC.**



Principal Place of Business: C/O D.V. SELLS, 340 BEAL PARKWAY, FT WALTON BEACH FL 32548  
Mailing Address: FAMILY RESOURCE PROGRAM OF OKALOOSA COUNTY, 340 BEAL PKWY. N.W., FORT WALTON BEACH FL 32548, US

3. Date Incorporated or Qualified: 07/29/1981  
3a. Date of Last Report: 02/10/1995  
4. FEI Number: 59-2211700  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 SAME AS MAILING, Suite, Apt. #, etc. ADPNER  
2a. Mailing Address: 26  
22 City & State: 27  
23 Zip: 28 Country: 29 Country: 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, 85 Zip Code (FL)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: MITCHELL, PATSY STREET ADDRESS: 500 WOODLAND PARK CITY-ST-ZIP: MARY ESTHER FL	<input type="checkbox"/> DELETE	1.1 TITLE: 300001728173 1.2 NAME: -02/29/96--01058--025 1.3 STREET ADDRESS: ***\$1.25 1.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: AMMONS, PAT STREET ADDRESS: 214 MARTISA RD CITY-ST-ZIP: FT WALTON BEACH FL.	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: PLANTHOLT, BETSEY STREET ADDRESS: 221 GREENBRIER DRIVE CITY-ST-ZIP: FT WALTON BEACH FL.	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: SD 3.2 NAME: Sally Simpson 3.3 STREET ADDRESS: 9 Meigs Dr. 3.4 CITY-ST-ZIP: Shalimar, FL 32579	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: BATES, DORIS STREET ADDRESS: 7 ANASTASIA DR., SE CITY-ST-ZIP: FT. WALTON BCH FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: TD 4.2 NAME: Sheryl Ebeoglu 4.3 STREET ADDRESS: 154 Country Club Rd. 4.4 CITY-ST-ZIP: Shalimar, FL 32579	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: KRAWCZYK, NANCY STREET ADDRESS: 322 OAK LAKE LANE CITY-ST-ZIP: NICEVILLE FL	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BODY, YVONNE STREET ADDRESS: 723 GREENWOOD ST. CITY-ST-ZIP: FT. WALTON BCH FL	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sheryl Ebeoglu SHERYL EBEOGLU Date: 2/16/96 (904) 833-3949 Daytime Phone # 562-78-96

CR2E037 (12/95)