

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759377 (5)
1. Corporation Name
**THE FAMILY RESOURCE PROGRAM OF SOUTH OKALOOSA CO
UNTY, INC.**



Principal Place of Business 340 BEAL PKWY NW FT WALTON BEACH FL 32548 US	Mailing Address FAMILY RESOURCE PROGRAM OF OKALOOSA COUNTY 340 BEAL PKWY. N.W. FORT WALTON BEACH FL 32548 US
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3. Date Incorporated or Qualified 07/29/1981
4. FEI Number 59-2211700
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 Rosemary Jones 82 Street Address (P.O. Box Number is Not Acceptable) 83 340 Beal Pkwy. NW 84 City Fort Walton Beach FL 85 Zip Code 32548
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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 *Rosemary Jones, Program Director* DATE **2/5/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VPD <input type="checkbox"/> DELETE
NAME	MITCHELL, PATSY
STREET ADDRESS	500 WOODLAND PARK
CITY-ST-ZIP	MARY ESTHER FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	AMMONS, PAT
STREET ADDRESS	214 MARTISA RD
CITY-ST-ZIP	FT WALTON BEACH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	HANSEL, LYNN
STREET ADDRESS	6 WEDGEWOOD LANE
CITY-ST-ZIP	FT WALTON BCH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	EBEOGLU, SHERYL
STREET ADDRESS	154 COUNTRY CLUB RD
CITY-ST-ZIP	SHALIMAR FL 32579
TITLE	PD <input type="checkbox"/> DELETE
NAME	KRAWCZYK, NANCY
STREET ADDRESS	322 OAK LAKE LANE
CITY-ST-ZIP	NICEVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FLEISZAR, KATHY
STREET ADDRESS	7 MEIGS DRIVE
CITY-ST-ZIP	SHALIMAR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stauskas, Cathy
1.3 STREET ADDRESS	418 Northhampton Circle
1.4 CITY-ST-ZIP	Fort Walton Beach, FL 32548
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nelson, Robert
2.3 STREET ADDRESS	4400 Hwy. 20, Ste. 308
2.4 CITY-ST-ZIP	Niceville, FL 32578
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Crook, Edie
3.3 STREET ADDRESS	320 Lang Road
3.4 CITY-ST-ZIP	Fort Walton Beach, FL 32547
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Body, Yvonne
4.3 STREET ADDRESS	723 Greenwood Street
4.4 CITY-ST-ZIP	Fort Walton Beach, FL 32547
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Fowler, Frances
5.3 STREET ADDRESS	407 Juniper Street
5.4 CITY-ST-ZIP	Destin, FL 32541
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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** **2/6/98** **(850) 651-2063**

CP2E037 (10/97)