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**Mar 02, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 759377**

1. Corporation Name

**THE FAMILY RESOURCE PROGRAM OF SOUTH OKALOOSA CO  
UNTY, INC.**

Principal Place of Business

**340 BEAL PWY 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**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country

3. Date Incorporated or Qualified

**07/29/1981**

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

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**

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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/5/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD** ☒ DELETE  
NAME **MITCHELL, PATSY**  
STREET ADDRESS **500 WOODLAND PARK**  
CITY-ST-ZIP **MARY ESTHER FL**

TITLE **D** ☒ DELETE  
NAME **STAUSKAS, CATHY**  
STREET ADDRESS **418 NORTH HAMPTON CIRCLE**  
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE **SD** ☒ DELETE  
NAME **HANSEL, LYNN**  
STREET ADDRESS **6 WEDGEWOOD LANE**  
CITY-ST-ZIP **FT WALTON BCH FL**

TITLE **TD** ☐ DELETE  
NAME **EBEOGLU, SHERYL**  
STREET ADDRESS **154 COUNTRY CLUB RD**  
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **PD** ☐ DELETE  
NAME **KRAWCZYK, NANCY**  
STREET ADDRESS **322 OAK LAKE LANE**  
CITY-ST-ZIP **NICEVILLE FL**

TITLE **D** ☐ 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 **VPD** ☐ Change ☒ Addition  
1.2 NAME **Yvonne Body**  
1.3 STREET ADDRESS **723 Greenwood St.**  
1.4 CITY-ST-ZIP **Fort Walton Beach, FL 32547**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **Terry Williams**  
2.3 STREET ADDRESS **105-B Aspen Drive**  
2.4 CITY-ST-ZIP **Eglin AFB, FL 32542**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **Frances Fowler**  
3.3 STREET ADDRESS **407 Juniper Street**  
3.4 CITY-ST-ZIP **Destin, FL 32541**

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **Robert Nelson**  
4.3 STREET ADDRESS **4400 Hwy. 20, Suite 312**  
4.4 CITY-ST-ZIP **Niceville, FL 32578**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **Edie Crook**  
5.3 STREET ADDRESS **320 Lang Road**  
5.4 CITY-ST-ZIP **Fort Walton Beach, FL 32547**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Sheryl Ebeoglu* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/99 880-651-2063**

Date Daytime Phone #

CR2E037 (11/98)