2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **759377** 1. Entity Name THE FAMILY RESOURCE PROGRAM OF SOUTH OKALOOSA CO

Principal Plac	ce of Business	Mailing Address								
340 BEAL PWY NW FT WALTON BEACH FL 32548 US		C/O FAMILY RESOURCE PROGRAM 340 BEAL PKWY. N.W. FORT WALTON BEACH FL 32548 US			623410					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number	59-2211700			pplied For	<u>_</u>
Zip Country		Zip Country			5. Certificate of Status Desired					1
	6. Name and Address of Current Re	ealstered Agent			7. Name and A	ddress of New F		 .		┨
			- Name			. July Mile	; ~- ~-		-	- -
JONES, ROSEMARY 340 BEAL PKWY., N.W.			Street	Address (F	P.O. Box Number	is Not Acceptable	e)			
FORT WA	LTON BEACH FL 32548		City				FL	Zip Coo	ie et	$\frac{1}{2}$
	named entity submits this statement for t							<u></u>		4
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE:	Registered Agent sign	ature required	when reinstating)		DATE			
FILE NOW: FEE IS \$61.25					Make Check Payable to d to Fees Make Check Payable to Department of State					
10.	OFFICERS AND DIRE	CTORS	11.	A	DDITIONS/CHAI	VGES TO OFFICE	RS AND DIRE	CTORS IN	v 10	┪
TITLE	PD	☐ Delete	TITLE				[Change	☐ Addition	78
NAMÉ	BODY, YVONNE		NAME							3
STREET ADDRESS	723 GREENWOOD ST	• •	STREET ADDRESS							į
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	1	CITY-ST-ZIP							֪֞֞֞֞֜֞֜֜֞֜֞֜֜֞֜֜֞֜֜֞֜֜֞֜֜֓֓֓֡֡֡֡
TITLE	SD	☐ Delete	TITLE				[≱ Change	Addition	ģ
NAME	WILLLIAM, TERRY		NAME	Wi1	liams, '	Terry nite Cou				`
STREET ADDRESS	105B ASPEN DR	•	STREET ADDRESS						•	
CITY-ST-ZIP	EGLIN AFB FL 32542		CITY-ST-ZIP	Mar	y Esthei	c, FL 32				1
TITLE	Dam - +	☐ Defete	TITLE			~*		X Change	Addition:	1
NAME STREET ADDRESS	NELSON, ROBERT 4400 HWY 20 STE 312		NAME STREET ADDRESS	11149	O Emera	ld Coast	Diena	Cui i	to 100	
CITY-ST-ZIP	NICEVILLE FL 32578		CITY-ST-ZIP		in, FL 3		I IZWY.	Sul	te 100	
TITLE	TD	☐ Delete	TITLE	2000	1117 1 10 3	32330	:	Change	☐ Addition	+
NAME	EBEOGLU, SHERYL	□ Detete	NAME				L	_ ∩ range	Audition	ļ
STREET ADDRESS	154 COUNTRY CLUB RD		STREET ADDRESS							
CITY-ST-ZIP	SHALIMAR FL 32579		CITY-ST-ZIP							
TITLE	D	□X Delete	TITLE					Change	☐ Addition	1
NAME	CROOK, EDIE		NAME				_	•		
STREET ADDRESS	320 LANG RD		STREET ADDRESS							
CITY-ST-ZIP	FORT WALTON BEACH FL 32548		CITY-ST-ZIP							}
TITLE	D	☐ Delete	TITLE					Change	☐ Addition	1
NAME	FLEISZAR, KATHY		NAME	1						
STREET ADDRESS	7 MEIGS DRIVE		STREET ADDRESS							
CITY-ST-ZIP	SHALIMAR FL		CITY-ST-ZIP	<u> </u>						1
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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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ATURE THE SHORT Ebeoglu
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

2/12/01

(850) 651-2063

Daytime Phone #

2001 UNIFORM BUSINESS REPORT

The Family Resource Program of South Okaloosa Co.

Addendum to Block 11 Document #759377

Additional Directors
Rosemary Jones
340 Beal Pkwy, NW
Fort Walton Beach, FL 32548

Gerry Bagley 340 Beal Pkwy. NW Fort Walton Beach, FL 32548

David Stout 340 Beal Pkwy. NW Fort Walton Beach, FL 32548

Mabel Prescott 87 Barracuda Destin, FL 32541 50c#759377 683410

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