



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-02-2004 90027 005 ****10.00
02-12-2004 90031 021 ****51.25

DOCUMENT # 759377 1. Entity Name THE FAMILY RESOURCE PROGRAM OF SOUTH OKALOOSA COUNTY, INC.					
Principal Place of Business 340 BEAL PKWY NW FT WALTON BEACH, FL 32548 US				Mailing Address C/O FAMILY RESOURCE PROGRAM 340 BEAL PKWY, N.W. FORT WALTON BEACH, FL 32548 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		54005529 	
4. FEI Number 59-2211700				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, ROSEMARY 340 BEAL PKWY., N.W. FORT WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD STOUT, DAVID	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	299 SOUTH MAIN ST		NAME		
STREET ADDRESS	CRESTVIEW, FL 32536		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD FRAZIER, VIRGINIA	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	30 HOLLY AVE. APT.403G		NAME		
STREET ADDRESS	SHALIMAR, FL 32579		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD COLLINS, MARGIE	<input checked="" type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME	340 BEAL PKWY. NW		NAME		
STREET ADDRESS	FORT WALTON BEACH, FL 32548		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD EBEOGLU, SHERYL	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	154 COUNTRY CLUB RD		NAME		
STREET ADDRESS	SHALIMAR, FL 32579		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D TARTARILLA, PAUL	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	1005 NW MAR WALT DRIVE		NAME		
STREET ADDRESS	FORT WALTON BEACH, FL 32547		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D FLEISZAR, KATHY	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	7 MEIGS DRIVE		NAME		
STREET ADDRESS	SHALIMAR, FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	SD GREEN DIANA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	340 BEAL PKWY. NW		NAME		
STREET ADDRESS	FORT WALTON BEACH, FL 32548		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D PLANTHOLT, BETSEY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	340 BEAL PKWY. NW		NAME		
STREET ADDRESS	FORT WALTON BEACH, FL 32548		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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.					
SIGNATURE <i>Sheryl Ebeoglu</i> SHERYL EBEOGLU JANUARY 28, 2004 (850) 651-2063					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Attachment

#759377

FAMILY RESOURCE PROGRAM OF SOUTH OKALOOSA COUNTY, INC.

54005529

11. Additional members of the Board of Directors

D

Ellen Barber
Economic Services
340 Beal Pkwy. NW
Fort Walton Beach, FL 32548

D CONSULTANT

Becky Gilpatrick
Family Advocacy Outreach
214 North 1st Street
Eglin AFB, FL 32542

D

Margie Collins
340 Beal Parkway NW
Fort Walton Beach, FL 32548