

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90086 048 ****61.25

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 638 POWELL DRIVE NE			3. Mailing Address FAMILY RESOURCE PROG.		
Suite, Apt. #, etc. FT. WALTON BEACH			Suite, Apt. #, etc. P.O. BOX 467		
City & State FL			City & State SHALIMAR, FL		
Zip 32547		Country US		Zip 32579	
Country US		4. FEI Number 59-2211700			
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 ROSEMARY JONES Street Address (P.O. Box Number is Not Acceptable) 638 POWELL DRIVE City FT. WALTON BEACH FL Zip Code 32547		
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 <u><i>Rosemary Jones</i></u> <u><i>Rosemary Jones</i></u> <u>2/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD STOUT, DAVID <input checked="" type="checkbox"/> Delete 299 SOUTH MAIN ST CRESTVIEW, FL 32536				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRAZIER, VIRGINIA <input type="checkbox"/> Delete 30 HOLLY AVE. APT.403G SHALIMAR, FL 32579				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREEN, DIANA <input checked="" type="checkbox"/> Delete 340 BEAL PKWY. NW FORT WALTON BEACH, FL 32548				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLANTHOLT, BETSEY <input type="checkbox"/> Delete 340 BEAL PKWY NW FORT WALTON BEACH, FL 32548				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARTARILLA, PAUL <input checked="" type="checkbox"/> Delete 1005 NW MAR WALT DRIVE FORT WALTON BEACH, FL 32547				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEISZAR, KATHY <input type="checkbox"/> Delete 7 MEIGS DRIVE SHALIMAR, FL				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	JONES, ROSEMARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 638 POWELL DRIVE FT. WALTON BEACH, FL 32547				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition EBOGLU, SHERYL 154 COUNTRY CLUB ROAD SHALIMAR, FL 32579				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: SHERYL EBOGLU <u><i>Sheryl Eboглу</i></u> 2/11/05 850-651-2063 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

DOCUMENT #759377

ATTACHMENT
20014452

FAMILY RESOURCE PROGRAM COMMUNITY BOARD OF DIRECTORS

Family Resource Program of South Okaloosa County, Inc.,
P.O. Box 467
Shalimar, FL 32579

Rosemary Jones
638 Powell
Fort Walton Beach, FL 32547
864-4232

D Gerry Bagley
302 Yacht Club Drive
Fort Walton Beach, FL 32548
581-1538

D Ellen Barber
Economic Services
340 Beal Pkwy. NW
Fort Walton Beach, FL 32548
833-3738

D Margie Collins
Fort Walton Beach Main Street
Historic Old Gulfview Hotel
12 Miracle Strip Pkwy, SE
Fort Walton Beach, FL 32548
664-6246

Kathy Fleiszar
7 Meigs Drive
Shalimar, FL 32579
651-5524

D Evie Fox
Healthy Start Okaloosa
12 Miracle Strip Pkwy, Ste. 204
Fort Walton Beach, FL 32548

Virginia Frazier
30 Holly Avenue, Apt. 403G
Shalimar, FL 32579
609-7932