


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 759377

1. Entity Name
THE FAMILY RESOURCE PROGRAM OF SOUTH OKALOOSA COUNTY, INC.



Principal Place of Business 638 POWELL DRIVE NE FORT WALTON BEACH, FL 32547 US	Mailing Address FAMILY RESOURCE PROGRAM PO BOX 467 SHALIMAR, FL 32579 US
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01272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2211700	Applied For 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
 638 POWELL DRIVE
 FORT WALTON BEACH, FL 32547**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, ROSEMARY 638 POWELL DRIVE FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRAZIER, VIRGINIA 30 HOLLY AVE. APT.403G SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLANTHOLT, BETSEY 340 BEAL PKWY NW FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EBEOGLU, SHERYL 154 COUNTRY CLUB ROAD SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEISZAR, KATHY 7 MEIGS DRIVE SHALIMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100001436442
 02/28/06-80001-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Ebeoglu* **SHERYL EBEOGLU** **2-14-06** **850-651-2063**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #