


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90072 042 ****61.25

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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

6. Name and Address of Current Registered Agent
**JONES, ROSEMARY
 638 POWELL DRIVE
 FORT WALTON BEACH, FL 32547**

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

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, ROSEMARY 638 POWELL DRIVE FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRAZIER, VIRGINIA 30 HOLLY AVE. APT.403G SHALIMAR, FL 32579 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, MARGIE 112 SETUPELO AVE. FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLANTHOLT, BETSEY 340 BEAL PKWY NW FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HELFRICH, MARYANN 720 NE KAREN AVE FORT WALTON BEACH, FL 32549 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EBEOGLU, SHERYL 154 COUNTRY CLUB ROAD SHALIMAR, FL 32579 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEISZAR, KATHY 7 MEIGS DRIVE SHALIMAR, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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** 3/13/07 850-651-2063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40041001



03022007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2211700** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**