

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759377

FILED
Feb 19, 2011
Secretary of State

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

Current Principal Place of Business:

638 POWELL DRIVE NE
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

FAMILY RESOURCE PROGRAM
PO BOX 467
SHALIMAR, FL 32579 US

New Mailing Address:

FEI Number: 59-2211700 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JONES, ROSEMARY D TD
638 POWELL DRIVE
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD
Name: JONES, ROSEMARY D
Address: 638 POWELL DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: PD
Name: EVIE, FOX
Address: 950 RUE DE PALMS
City-St-Zip: NICEVILLE, FL 32578

Title: SD
Name: PLANTHOLT, BETSEY
Address: 221 GREENBRIER ROAD
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD
Name: EBEOGLU, SHERYL
Address: 154 COUNTRY CLUB ROAD
City-St-Zip: SHALIMAR, FL 32579

Title: VD
Name: FLEISZAR, KATHY
Address: 7 MEIGS DRIVE
City-St-Zip: SHALIMAR, FL 32579

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHERYL EBEOGLU

TD

02/19/2011

Electronic Signature of Signing Officer or Director

Date