

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90077 039 ****61.25

DOCUMENT # 760513

1. Entity Name
**ANIMAL PROTECTION LEAGUE OF OKALOOSA
COUNTY, INC.**



Principal Place of Business
**P O BOX 51
FORT WALTON BEACH, FL 32549**

Mailing Address
**P O BOX 51
FORT WALTON BEACH, FL 32549**

40062686



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2209190

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLENTGE-PARKER, ALMUT
623 W SUNSET BLVD
FORT WALTON BEACH, FL 32547**

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

Almut Flentge-Parker

4-13-2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 PD ☐ Delete
NAME FLENTGE-PARKER, ALMUT
STREET ADDRESS 623 W SUNSET BLVD
CITY-ST-ZIP RT WALTON BEACH, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME PAT ARMSTRONG
STREET ADDRESS 119 DUKE DR
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SC ☐ Delete
NAME OEST, MARILYN
STREET ADDRESS 145 SCOTTSDALE DRIVE
CITY-ST-ZIP MARY ESTHER, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SNS ☐ Delete
NAME DIDONATO, DONNA
STREET ADDRESS 42 PARADISE POINT
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCP ☐ Delete
NAME SCOTT, JANE
STREET ADDRESS 502 MASSACHUSETTS
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE M/S ☐ Delete
NAME DORRIS, PAULA
STREET ADDRESS 6 PEMBROKE PL.
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Almut Flentge-Parker

4-13-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40062686

Division of Corporations

Annual Report

Annual Report Help

Document Number

760513

Business Entity Name

ANIMAL PROTECTION LEAGUE OF OKALOOSA COUNTY, INC.

FEI Number

592209190

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

P O BOX 51

Suite, Apt. #, etc.

City, State

FORT WALTON BEACH

, FL

Zip Code & Country 32549

Mailing Address

Address

P O BOX 51

Suite, Apt. #, etc.

City, State

FORT WALTON BEACH

, FL

Zip Code & Country 32549

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

FLENTGE-PARKEF, ALMUT

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 623 W SUNSET BLVD

Suite, Apt. #, etc.

City, State

FORT WALTON BEACH

, FL

Zip Code & Country

32547

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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#760513

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Almut E. Flentge Parke PD

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PD
Name (Last, First, Middle, Title) FLENTGE-PARKE, ALMUT , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 623 W SUNSET BLVD
City, State RT WALTON BEACH , FL
Zip Code & Country

Title TD
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as
Officer/Director PAT ARMSTRONG

Street Address 119 DUKE DR
City, State NICEVILLE , FL
Zip Code & Country 32578

Title SC
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as
Officer/Director OEST, MARILYN

Street Address 145 SCOTTSDALE DRIVE
City, State MARY ESTHER , FL
Zip Code & Country

Title SNS

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Name (Last, First, Middle, Title) DIDONATO , DONNA , ,

- OR -

Entity Name to serve as
Officer/DirectorStreet Address 42 PARADISE POINT
City, State SHALIMAR , FL
Zip Code & Country 32579

Title VCP

Name (Last, First, Middle, Title) SCOTT , JANE , ,

- OR -

Entity Name to serve as
Officer/DirectorStreet Address 502 MASSACHUSETTS
City, State FORT WALTON BEACH , FL
Zip Code & Country 32547

Title M/S

Name (Last, First, Middle, Title) DORRIS , PAULA , ,

- OR -

Entity Name to serve as
Officer/DirectorStreet Address 6 PEMBROKE PL.
City, State FORT WALTON BEACH , FL
Zip Code & Country 32547

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

TD

Officer/Director Signature *Patricia J. Armstrong*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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