

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760513

FILED
May 04, 2008
Secretary of State

Entity Name: ANIMAL PROTECTION LEAGUE OF OKALOOSA COUNTY, INC.

Current Principal Place of Business:

P O BOX 51
FORT WALTON BEACH, FL 32549

New Principal Place of Business:

623 W SUNSET BLVD
FORT WALTON BEACH, FL 32547

Current Mailing Address:

P O BOX 51
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 59-2209190 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FLENTGE-PARKER, ALMUT
623 W SUNSET BLVD
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: PD () Delete
Name: FLENTGE-PARKER, ALMUT
Address: 623 W SUNSET BLVD
City-St-Zip: RT WALTON BEACH, FL

Title: TD () Delete
Name: PAT ARMSTRONG,
Address: 119 DUKE DR
City-St-Zip: NICEVILLE, FL 32578

Title: SC () Delete
Name: OEST, MARILYN,
Address: 145 SCOTTSDALE DRIVE
City-St-Zip: MARY ESTHER, FL

Title: SNS () Delete
Name: DIDONATO, DONNA
Address: 42 PARADISE POINT
City-St-Zip: SHALIMAR, FL 32579

Title: VCP () Delete
Name: SCOTT, JANE
Address: 502 MASSACHUSETTS
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: M/S () Delete
Name: DORRIS, PAULA
Address: 6 PEMBROKE PL.
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FLENTGE-PARKER, ALMUT
Address: 623 W SUNSET BLVD
City-St-Zip: RT WALTON BEACH, FL 32547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SC (X) Change () Addition
Name: OEST, MARILYN,
Address: 145 SCOTTSDALE DRIVE
City-St-Zip: MARY ESTHER, FL 32569

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALMUT E. FLENTGE-PARKER

PRES

05/04/2008

Electronic Signature of Signing Officer or Director

Date