2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# 760513

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

Current Principal Place of Business:

623 W SUNSET BLVD
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

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 ( )**

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 32547	
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 32569	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 03/25/2009

Electronic Signature of Signing Officer or Director — Date