

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761894

FILED
Jan 16, 2009
Secretary of State

Entity Name: OKALOOSA COUNTY ENVIRONMENTAL COUNCIL, INC.

Current Principal Place of Business:

1540 MIRACLE STRIP PKWY S.E.
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

1540 MIRACLE STRIP PKWY S.E.
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-2236839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUSSONG, NANCY
21 FALCON RIDGE LANE
FT. 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: D () Delete
Name: COVEY, DEAN
Address: 270 BROOKS STREET SE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: HUSSONG, NANCY
Address: 21 FALCON RIDGE LANE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: D () Delete
Name: MAY-KULP, APRIL
Address: 10 MAGNOLIA DRIVE
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: CZONSTKA, STEVE
Address: 4554 REDBUD TRAIL
City-St-Zip: NICEVILLE, FL 32578

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:

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: NANCY HUSSONG

MS.

01/16/2009

Electronic Signature of Signing Officer or Director

Date