


FILE NOW: FILING FEE IS \$61.25

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Jul 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Samuel S. Northington</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765608** (5)  
1. Corporation Name  
**OKALOOSA REGIONAL BOOKMOBILE IN TRANSIT, INC.**

Principal Place of Business <b>1000 S. PEARL ST., SOUTHSIDE BAPT. CHURCH CRESTVIEW FL 32536</b>	Mailing Address <b>P. O. BOX 1427 CRESTVIEW FL 32536-7427 US</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>10/29/1982</b>		3a. Date of Last Report <b>07/03/1996</b>	
				4. FEI Number <b>59-2231474</b>		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>GEBAUER, MARGARET S 5946 BACKWARD RD. CRESTVIEW FL 32531</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1. TITLE	<b>William, Raymond</b>
NAME	<b>BEVINO, THOMAS A</b>	1.2 NAME	<b>New Beginning Church</b>
STREET ADDRESS	<b>909 SANTA ROSA BLVD</b>	1.3 STREET ADDRESS	<b>Jessie Lee Blvd</b>
CITY-ST-ZIP	<b>FT. WALTON BEACH FL</b>	1.4 CITY-ST-ZIP	<b>Crestview, FL 32534</b>
TITLE	<b>D</b>	2.1 TITLE	<b>5369 Hillcrest Rd</b>
NAME	<b>JOLLY, MAMIE</b>	2.2 NAME	<b>Crestview, FL</b>
STREET ADDRESS	<b>SCHOOL AVENUE</b>	2.3 STREET ADDRESS	<b>32539</b>
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	2.4 CITY-ST-ZIP	<b>32539</b>
TITLE	<b>TD</b>	3.1 TITLE	<b>President/Director</b>
NAME	<b>GEBAUER, MARGARET S.</b>	3.2 NAME	<b>William, Raymond</b>
STREET ADDRESS	<b>5946 BACKWARD RD.</b>	3.3 STREET ADDRESS	<b>5369 Hillcrest Road</b>
CITY-ST-ZIP	<b>BAKER FL</b>	3.4 CITY-ST-ZIP	<b>Crestview, FL 32539</b>
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)