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**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90010 047 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765608**

1. Corporation Name

**OKALOOSA REGIONAL BOOKMOBILE IN TRANSIT, INC.**

Principal Place of Business

1000 S. PEARL ST., SOUTHSIDE BAPT. CHURCH  
 CRESTVIEW FL 32536

Mailing Address

P. O. BOX 1427  
 CRESTVIEW FL 32536  
 US



2. Principal Place of Business

21 **2367 HILL DRIVE**

2a. Mailing Address

26 **1250 N. EGLIN PKWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 **Box 20**

City & State

23 **CRESTVIEW, FL**

City & State

28 **SHALIMAR, FL**

Zip

Country

24 **32536** 25 **USA**

Zip

Country

29 **32579** 30 **USA**

3. Date Incorporated or Qualified

**10/29/1982**

4. FEI Number

**59-2231474**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GEBAUER, MARGARET S  
 5946 BACKWARD RD.  
 CRESTVIEW FL 32531

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**5946 BUCK WARD RD**

83

84 City

**BAKER**

FL

85 Zip Code

**32531**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD WILLIAM, RAYMOND**  
 STREET ADDRESS **5369 HILLCREST ROAD**  
 CITY-ST-ZIP **CRESTVIEW FL**

TITLE ☒ DELETE

NAME **D JOLLY, MAMIE**  
 STREET ADDRESS **SCHOOL AVENUE**  
 CITY-ST-ZIP **CRESTVIEW FL**

TITLE ☐ DELETE

NAME **TD GEBAUER, MARGARET S.**  
 STREET ADDRESS **5946 BACKWARD RD.**  
 CITY-ST-ZIP **BAKER FL**

TITLE ☐ DELETE

NAME **D SAMUEL A ALLEN**  
 STREET ADDRESS **649 S MCCLELLAND ST**  
 CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE ☐ DELETE

NAME **TD MARRS, DEBORAH**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **WILLIAMS, RAYMOND E.**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**32539**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **VPD CONNORS, JOHN S.**  
 2.3 STREET ADDRESS **70 LINWOOD RD.**  
 2.4 CITY-ST-ZIP **FT. WALTON BEACH, FL 32547-1617**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **D**  
 3.3 STREET ADDRESS **5946 BUCK WARD RD**  
 3.4 CITY-ST-ZIP **32531**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **ALLEN, SAMUEL A.**

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **TD MARRS, DEBORAH**  
 5.3 STREET ADDRESS **4 ISLAND VIEW DR**  
 5.4 CITY-ST-ZIP **MARY ESTHER, FL 32569**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **SD RASMUSSEN, CAROLYN**  
 6.3 STREET ADDRESS **5377 FOX HOUND LANE**  
 6.4 CITY-ST-ZIP **BAKER, FL 32531**

14. I 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, with all other like empowered.

SIGNATURE: **Deborah MARRS** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/99**

Date

**651-7655**

Daytime Phone #

CR2E037 (11/98)