

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90008 012 ****61.25

DOCUMENT # N00000006752

1. Entity Name
OKALOOSA COUNTY LEAGUE OF CITIES, INC.



Principal Place of Business
1959 LEWIS TURNER BLVD
FORT WALTON BEACH, FL 32547

Mailing Address
#2 CHEROKEE RD.
SHALIMAR, FL 32579

50003732



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3712051

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, TINA
#2 CHEROKEE RD.
SHALIMAR, FL 32579

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Tina Smith, Deputy Clerk, Town of Shalimar

January 4, 2005

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME THOMAS, JOHN
STREET ADDRESS 195 CHRISTOBAL ROAD N
CITY-ST-ZIP MARY ESTHER, FL 32569

TITLE D ☐ Delete
NAME BARKER, CRAIG
STREET ADDRESS 4200 TWO TREES RD.
CITY-ST-ZIP DESTIN, FL 32541

TITLE D ☐ Delete
NAME MILLER, FAY
STREET ADDRESS 8209 HWY. 85 N.
CITY-ST-ZIP LAUREL HILLS, FL 325670158

TITLE D ☐ Delete
NAME SWIHART, AL
STREET ADDRESS 208 N. PARTIN DR.
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE D ☐ Delete
NAME STRONG, HEYWARD
STREET ADDRESS 465 VALPARAISO PKWY.
CITY-ST-ZIP VALPARAISO, FL 32580

TITLE P ☐ Delete
NAME BUSH, BRENDA
STREET ADDRESS 198 N. WILSON
CITY-ST-ZIP CRESTVIEW, FL 32536

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S/T ☒ Change ☐ Addition
NAME THOMAS, JOHN
STREET ADDRESS 195 CHRISTOBAL ROAD N
CITY-ST-ZIP MARY ESTHER, FL 32569

TITLE D ☐ Change ☒ Addition
NAME COMBS, GARY
STREET ADDRESS #2 CHEROKEE ROAD
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE P ☒ Change ☐ Addition
NAME MILLER, FAY
STREET ADDRESS 8209 HWY. 85 N
CITY-ST-ZIP LAUREL HILL, FL 32567-0158

TITLE D ☐ Change ☒ Addition
NAME GLOVER, GLENDA
STREET ADDRESS 107 SW MIRACLE STRIP PKWY.
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE VP ☐ Change ☒ Addition
NAME FRUCCI, NORM
STREET ADDRESS 10 NE YACHT CLUB DRIVE
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE D ☒ Change ☐ Addition
NAME BUSH, BRENDA
STREET ADDRESS 198 N. WILSON
CITY-ST-ZIP CRESTVIEW, FL 32536

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 4, 2005

Date

(850) 651-5723

Daytime Phone *