

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006752

FILED
Jan 04, 2007
Secretary of State

Entity Name: OKALOOSA COUNTY LEAGUE OF CITIES, INC.

Current Principal Place of Business:

1959 LEWIS TURNER BLVD
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

#2 CHEROKEE RD.
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 59-3712051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, TINA
#2 CHEROKEE RD.
SHALIMAR, FL 32579 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: P () Delete
Name: ANDERSON, MIKE
Address: P.O. BOX 4009
City-St-Zip: FORT WALTON BEACH, FL 325494009

Title: D () Delete
Name: BARKER, CRAIG
Address: 4200 TWO TREES RD.
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: MILLER, FAY
Address: 8209 HWY. 85 N.
City-St-Zip: LAUREL HILLS, FL 325670158

Title: D () Delete
Name: SWIHART, AL
Address: 208 N. PARTIN DR.
City-St-Zip: NICEVILLE, FL 32578

Title: VP () Delete
Name: STRONG, HEYWARD
Address: 465 VALPARAISO PKWY.
City-St-Zip: VALPARAISO, FL 32580

Title: ST () Delete
Name: COMBS, GARY
Address: 2 CHEROKEE ROAD
City-St-Zip: SHALIMAR, FL 32579

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:

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City-St-Zip:

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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 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: GARY COMBS

ST

01/04/2007

Electronic Signature of Signing Officer or Director

Date