2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State
01-16-2008 90020 010 ****61.25

DOCUMENT # N00000006752

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

Principal Place of Business	Mailing Address
1959 LEWIS TURNER BLVD FORT WALTON BEACH, FL 32547	#2 CHEROKEE RD. SHALIMAR, FL 32579

01082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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 TINA SMITH DEPUTY TOWN CLERK/REGISTERED AGENT 1/8/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANDERSON, MIKE P.O. BOX 4009 FORT WALTON BEACH, FL 325494009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COMBS, GARY 2 CHEROKEE ROAD SHALIMAR, FL 32579	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARKER, CRAIG 4200 TWO TREES RD. DESTIN, FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BARKER, CRAIG 4200 TWO TREES RD. DESTIN, FL 32541	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, FAY 8209 HWY. 85 N. LAUREL HILLS, FL 325670158	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST STRONG, HEYWARD 465 VALPARAISO PKWY. VALPARAISO, FL 32580	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWIHART, AL 208 N. PARTIN DR. NICEVILLE, FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, MIKE P.O. BOX 4009 FORT WALTON BEACH, FL 325494009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STRONG, HEYWARD 465 VALPARAISO PKWY. VALPARAISO, FL 32580	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWIHART, AL 208 N. PARTIN DR. NICEVILLE, FL 32578	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST COMBS, GARY 2 CHEROKEE ROAD SHALIMAR, FL 32579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, FAY 8209 HWY. 85 N. LAUREL HILL, FL 325670158	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 9 JAN 2008 (850)651-5723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #